OCCUPA-

1. PLACE OF DEATH	(H.E.)	400
County allegons,	Registration Dist. No. 6	
Village or City We then front	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number death	
2. FULL NAME Robert Fronkling	Le 15 U.S. Veteran apecify WAR	
(a) Residence: No. 2 72 M. Mary (Usual place of abode)	St., Ward. If nonresident give city or town and S	Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Note of the state of	21. DATE OF DEATH (Month) (Day)	193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clar Durkworth Orderson	22. 8-1 HEREBY CERTIFY, That I ettended d	eceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on 2 - 1 - 19 - 4 ' to have occurred on tha data stated above, at 9 3 - 2 - m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	; death Is said
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	my tite	1943
10. Data deceased last worked at this occupation (month and yaar) 11. Total time (yaars) spant in this occupation 25	Other Contributory Causes of importance:	
12. BIRTHPLACE (sity or town) Manting Sung: M. Ya	Oligi Coadinately Cades of Importance.	
13. NAME JAN R. andfrom		
13. NAME (J. And M. An	Neme of operation Date of	utopsy? U
15. MAIDEN NAME BOTTLY MOON 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) 1. 1.	Accident, suicide, or homicide? Data of injury Where did injury occur?	
17. INFORMANT Mas Q. F. anderson (Address) Within hort Ma	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Live Commetty Date Glice 12, 1935	Manner of injury	
19. UNDERTAKER S. Book (Address) Bandon Md	24. Was disease or injury in any way related to occupation of deceased?	w.
20. FILED dug. 1', 199 V Wagnhaher M.	(Signed) Jalut W. Delly	M. (

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1 1923	Other contributory causes of importance:	1 avan
Gallstones	May 1,1923	Gastroenteritis	1 year

The second secon

_	
RVED	THIS-
EESE	INK
MARGIN RESERVED	PLAMELY, WITH UNFADING INK-THIS
	WITH
	PLAMLY,
V. S. No. 1	N. B.—WRITE
	ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN CORPO	PATE LIMITE 920 UO 4U I.
County ALLEGANY	Registration Dist. No.
Village or City CUMBERLAND	No. MEMORIAL HOSPITAL St6 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsds.
2. FULL NAME BOBBY BARTLETT	Li n
(a) Residence: No. LA VALE.	St, Ward CUMBERLAND, MD.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH August 2, 1935 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of	(13)
HUSBANO of (or) WIFE of	1 HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) NOVEMBER 4 1914	i hast saw have alive on Oug 2 1933; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at \$ 50P.m.
10 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Oata of onset
8. Trade, profession, or particular kind of work done, as SPINNER, STUDENT SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and speak in this corporation (month and speak in this corporation).	0
4 9 Industry or business in which work was done, as SILK MILL,	Elipoiditis 17953
SAW MILL, BANK, etc	with Effusion
O this occupation (month and spent in this year) occupation	
MARYLAND	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) IN AN LUALY D (State or country)	1930
	Rhennatism
13. NAME HAROLD BARTLETT 14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Name of operation Principalities Dete of aug 2-35
15. MAIDEN NAME GENEVIEVE HESS	What test confirmed diagnosis?
MARVIANII	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) MART TIME (State or country)	Accident, suicide, or homicide?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIDEFILLERS Emalergone Aug 4, 1935	Menner of injury
19. UNDERTAKEN-OUIS STEIN, INC.	24. Wes disease or injury in any way related to occupation of deceased?
20. (ubling 3, 1935 De Paramble Registras.	(Signed)
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis OFCFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

20. FILED 8-

-19.35

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

1. PLACE OF	F DEATH Allegany	WITHIN CORPO	Registration Dist. No.
Length of residence 2. FULL NAI	ME William.	deeth occurredyrsmos	No. 143. Third St St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds. If U.S. Yeteran specify WAR. St. 2 Ward.
(a) Kesideni	ce: No. 143 o	(Usual place of abode)	If nonresident give city or town and State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH Aug.17.1935 (Month) (Day) (Yeer)
5a. If married, widow HUSBAND of (or) WIFE of	Burtha Be	all	22. I HEREBY CERTIFY. That I attended deceased from 1935, to lug. 17, 1935
7. AGE Yea 66	10	Sept/27 • 1868 Days If LESS than 1 day,hrs. orhrs.	I last saw h_1177_ alive on
9. Industry or I work was SAW MIL	ssion, or perticular vork done, as SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL, LL, BANK, etc ed last worked et	Skin • Specialist	Debuie anemia Gn. 153
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation		[ocau pation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) WV2. (State or country)		wwa.	
13. NAME	Henderson	n.Beall	
14. BIRTHPLACE (city or town) WVa. (State or country)		Wva	Name of operation Date of Date of What test confirmed diagnosis?
IS. MAIDEN NA	ME Mary J	.Farmaworth	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) N • Y (State or country)			Accident, suicide, or homicide?
Burtha. Beall 17. INFORMANT Cumberland. Md		land. Md	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMAT Place		Date Agu • 19 • 1935	Manner of injury
19. UNDERTAKER		.Wolford	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

Frankein K. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	manipics.
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	——— (Sq) 08403
00000	12
County County	Registration Dist. No.
Village or City Varenal	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos,ds. If U.S. Veteran specify WAR
(a) Residence: No. Woodland Market	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Curcy 27, 1935	I last sawher aliva on ang 27 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 9: 9: m.
1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mematurity. 1935
9. Industry or business in which work was done, as SILK MILL,	(0, 1,074
SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) vaar). 11. Total time (years) spart in this occupation.	(Sex Months Petus)
12. BIRTHPLACE (city or town) Mational	Other Contributory Causes of Importance:
(Stata or country) Maryland.	-
13. NAME James albeit Beeman	7/201
14. BIRTHPLACE (city or town) Selmole (State or country) md	Name of operation Date of What test confirmed diagnosis? Clunical Was there an autopsy? 5.0.
15. MAIDEN NAME Katterine Deloves Woods.	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Midland	Accident, suicide, or homicide? Date of Injury, 19
(State or country) and	Where did injury occur?
17. INFORMANT James 9. Belman - (Vather)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 27, 1935	Manner of injury
19 UNDERTAKER Jan Beeman	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED aug, 27, 1935 RJ Stelsen	(Signed) Clean Stelles Mr. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECE	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis QECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SET	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	4		
Other contributory ratises of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	REC
DINDING	INK-THIS IS A PERMANENT REC
4	A
4	IS
TE VED	K-THIS
Š	Z
MAKGIN RESERVED FOR DINDING	TH UNFADING
4	TH

tem of infor- should state of OCCUPA.	STATE OF MARYLAND— 1. PLACE OF DEATH County ALLEGANY STATE OF MARYLAND— WITHIN CORPORA	TE LIMITE Registration Dist. No. 4
D. Every iten SICIANS sh tatement of		8_ds. How long in U.S. if of foreign birth?mosds. If U.S. Veteran specify WAR
PHY ret st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT RECY. J. Exa	3. SEX 4. COLOR OR RACE MALE S. SINGLE, MARRIED, WIDOWED, ORD YORCED (write the word) MARRIED	21. DATE OF DEATH AUGUST 24, 1935 (Month) (Day) (Yeer)
BINDING FERMANEN EXACTI y classified te.	5a. If married, widowed, or divorced HUSBAND of IDA PHILLIPS BENSON (or) WIFE of IDA	22. I HEREBY CERTIFY, That I attended deceesed from 241935
PERMA EXA srly class cate.	6. DATE OF BIRTH (month, day, and year) AUGUST 22, I89 I 7. AGE Years Months Days II LESS than	I last say h alive on Que 3;55 M, 193. ; deeth is said to have occurred on the date stated above, e3;55 M, M.
FOR BI S IS A PE stated E properly certificate	44 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. PAINTER	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows with the common description of the common description description of the common description of t
RESERVED G INK—THIS GE should be that it may be ins on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Printortilis - 145
IN DIN So t	12. BIRTHPLACE (city or town)WEST_VIRGINIA (State or country)	RATE LIMITS Registration Dist. No. HOSP TTAI (If death occurred in a horpital or institution, give its NAME instead of street and number) nos. 8 ds. How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. 1 HER EBY CERTIFY, That I attended deceesed from (Month) (Day) (Yeer) 22. 1 HER EBY CERTIFY, That I attended deceesed from to have occurred on the date stated above, et
ARGIN UNFADI pplied. terms, so	13 NAME KNOTLY BENSON	
MA H U sup in to	13. NAME KNOTLY BENSON 14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Name of operation Lacraco Uller, Date of 16 3y What test confirmed diagnosis? Was there an autopay No
	5 15. MAIDEN NAME STELLA ERVIN	
PLAINLY, WITH round be carefully DEATH in pla	15. MAIDEN NAME STELLA ERVIN WEST VIRGINIA (State or country)	Accident, suicide, or homicide? Date of Injury, 19
E PLAINLY, should be ca OF DEATH	17. INFORMANT NEMORIAL HOSPITAL (Address) CUMBERLAND, MD.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E W ES W	18. BURIAL, CREMATION, OR REMOVAL HARLING COLLA, OR Date Cary 8. 7, 19.35	
No. 1 3.—WRITE mation s CAUSE TION is	19. UNDERTAKER a. A. Fike (Address) Jerra alla Wa,	
g ig	20 ones 26 , 1935 Will fast Thanks	(Address) Churcheland hed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: CEIVED	hate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neparitis CFP 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

AGE should be

supplied.

mation should be carefully

V. S. No. 1

TION is very important.

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	PORATE LIMITS (3)
County allegary	Registration Dist. No.
Village or City Control (If	No. College Mard death occurred in a hopeital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stellham Boar	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. And Sarrage And If nonresident gip city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) For 16 more of the color of the color of the state of the color of t	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from at June 19 19 19
7. AGE Years Months Days It/LESS than 1 day,	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this program) and this program in this system.	The Darn
work was done, as SILK MILL, SAW MILL, BANK, etc.	(dead about 2 who)
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Amaland And. (State or country)	Dther Contributory Canses of Importance:
13. NAME Frances R. Boar	
13. NAME Frances V. 13 or 19 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME/ walteth Clitics	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Lystith Chites 16. BIRTHPLACE (city of town) Les regularis	Accident, suicide, or homicide? Date of Injury, 19
(State or country) 17. INFDRMANT F. R. B. Par. (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ØR REMOVAL	Manner of injury
Place Lot his mill Campate Comy 10, 1935	Nature of injury
19. UNDERTAKER Armio Stein Inc. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8-10 35, 19 Prantaine Mi.	(Signed) fr Coarrer M. D. (Address) Comberland July
force blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:		
	muy1,1020	distributed this	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

PHYSICIANS should state N. B.-WRITE PLANCEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ExTION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

. PLACE OF DEATH	2
County Allegan	Registration Dist 10.
Village or City	No. Belleville Wa
	osds. How long in U.S. If of foreign birth?yrsmos
(a) Residence: No.	St. Ward. Ward. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased for
(4)	19 tole 0 , 19
DATE OF BIRTH (month, day, and year lug 2, 1935	l last saw h alive on, 19; death is
AGE Years Months Days If LESS than 1 day,hrs	The I Killians Chook of DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of or
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	5 decoults
10. Date deceased last worked at this occupation (month and year) occupation	
BIRTHPLACE(city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Thas, Buyly	
14. BIRTHPLACE (city or town) (State or country) Manufact	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Blake	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) All Sava (State or country)	Accident, suicide, or homicide? Date of Injury, 19
INFORMANT Mas These Bayle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Date 8 - 2 - 193	Manner of Injury
UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Fleeg 2 19.95 Delen Strankle	(Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows: CEIVEL Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 659 8 19,5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA.

statement PHYSICIAN

Exact

6

certificate. properly

on

instructions

important.

may back

that

plain terms,

DEATH

OF

CAUSE

mation

plnods

Every item of should

RECORD.

S

BINDI
Z
8
FOR
Q
H
A
田
>
K
H
RESERVED
2
4
3
民
MARGIN
2
~

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Dey) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY That I ettended deceased from (or) WIFE of 7. AGE Months Days If LESS than to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or____min. Date of onset 8. Trade, profession, or particula CCUPATION kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation _____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation__ (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOV Menner of injury 30 195 Nature of injury 24. Was disease or injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED ... Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	: : : : : : : : : : : : : : : : : : :	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	77.0	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstilial nephritis SEP 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 3 1933	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>		<u></u>	

STATE OF MADVI AND CEPTIFICATE OF DEATH ADVANCE

1	. PLACE OF DEA	TH	/I IVI/AIA	HEL CORPO	TATE LIMITS (4.6)	10
	County	alless	2 114	Mile October of	Registration Dist. No.	4
	Village or City	Color	Seals	red (If	No. Membered Hopetal St., 6 death occurred in a hospital or institution, give its NAME instead of street and n	Ward umber)
	Length of residence in c	ity or town where d	death occurred		/3_ds. How long in U.S. if of foreign birth?yrsmo	
2	(a) Residence: No.	Lems	sel C	andie	Misse - Ward.	
diam's	(a) nesidence. Ho.		(Usual prace of	fabode)	If nonresident give city or town and	State
	PERSONAL AN		ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	m	OR OR RACE .	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Oay)	193_5 (Year)
5a.	If married, widowed, or div HUSBANO of (or) WIFE of	eliby T	Virginia	Buckly	22. 1 HEREBY CERTIFY, That I attended of	leceased from
6. Г	OATE OF BIRTH (month, da	ay, and year)	Codember	18, 1875	I last saw h is alive on lugaret & 1930	death is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at	No.
1	59	8	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
N	8. Trade, profession, or p	articular as SPINNER.	The same		livenia	July 20/
TI	kind of work done SAWYER, BOOKKE 9. Industry or business i		Jenu	7		
UPA	work was done, as SAW MILL, BANK,	SILK MILL,			mutral Stenaris -	1920
OCCUPATION	10. Oate deceesed last wo	orked et	11. Total tim	ne (years)	afrancelerris -	
	this occupation (mo	inth and 193		tin this /	Myloria Obastrection due to	1434
12.	BIRTHPLACE (city or town) (State or country)) Harry	arfiel	d W.09.	Other Contributory Causes of importance:	2
2	13. NAME - 64.	LES GL	Bucks	Per.	Do - The land	?
FATHER	74	1/160	Re- of	How I	heparty the	
FA	14. BIRTHPLACE (city or t (State or country)	own)	Lans Co	Wor.	What test confirmed diagnosis? The Act of the Was there an au	Annual Contract of the Contrac
ER	15. MAIDEN NAME	Dece ()1	15 1 Then	0,0%	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to	1	marke	.000.	Accident, suicide, or homicide? Date of injury	
X	(State or country)		rdy VC	aug. Wox	Where did injury occur?	, 15
17.	INFORMANT DAM	In hours	Buck.	ley:	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR	REMOVAL B	56 -		Manner of injury	
	Place Place	e, UMG	La Date aug	4 ,1935	Nature of injury	
19.	UNDERTAKER (Addiess)	maar	Blue	10.70	24. Was disease or injury in any way related to occupation of deceased?	Zes .
20.	FILEDLUG 22.	1935 1	r Cas ()	The works	(Signed) Survey Sell Sylvan A	M. D.
Kenny		7.6	11 1	// C . D .		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	•
The principal cause of death and relaten causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis SEP 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitical nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAII V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		-	(3)	Dr McLean. Bedford St	
County Allegany				Registration Dist. No.	
Village or City Oldtown • Md (If Length of residence in city or town where death occurred yrs mos.			No	St.,_ ution, give its NAME instead of street and	d number)
	7				inusd:
2. FULL NAME Clara.I.			If U.S. Veteran sp	ecify WAR	
(1) (10)	town . Md	of abode)	St., Ward.	If nonresident give city or town ar	nd State
PERSONAL AND STATIS			-	ERTIFICATE OF DEATH	
Femal 4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Mari	RRIED, WIDOWED, ED (write the word) .Ed	21. DATE OF DEATH	July 4th.193	5, ₁₉₃ (Year)
5a. If married, widowed, or divorced HUSBAND of Newton •	Cander		22. I HEREB	Y CERTIFY, Thet I attende	
6. DATE OF BIRTH (month, day, and year)	July.20t	h.1862	Plast saw h alive on	(1935, to apr 15 6 193	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stat	ted above, et 3 • 30 Am	
73	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of importence	100
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Но	use Wife	Chronie &	My-carsilit	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc) Ja	ephistis	?
10. Date deceesed last worked et this occupetion (month and year)	spe	time (years) ent in this cupation			
12. BIRTHPLACE (city or town)			Other Contributary Causes of imp	nortance:	1 ?
(State or country)			72 / 111	Cholia	1-1-3
El 13. NAME Edward. C	Oneal.				
13. NAME Edward. O 14. BIRTHPLACE (city or town)	Md		Name of operation	Date of.	
15. MAIDEN NAME Mary Fi	sher			nuses (VIOLENCE) fill in also the followi	
15. MAIDEN NAME Mary F1 16. BIRTHPLACE (city or town) (Stete or country)	Md		Accident, suicide, or homicide?	Date of Injury	-
Newton.Carder 17. INFORMANT Oldtown Md 18. BURIAL, CREMATION, OR REMOVAL Place Hilcrist DateAug.6.1935			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
			Menner of injury		
19. UNDERTAKER John . C . W				way related to occupation of deceased?	
	Parsie a.	Shankoli Registrar	(Signed)	whilaux	28 M.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be TION is very important. See instructions on back of V. S. No. 1 N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	VE \\1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributers and BUREAU			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: E V E D Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial apphritisGEP 5 1635	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08411
1. PLACE OF DEATH	34
County allegan WITHIN CORPO	PRATE LIMITS Registration Dist. No.
Village or City le sumberland	No. S. O. 7. Osrasinise aux St, 6-2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John D. Carriga	If U.S. Veteran specify WAR
(a) Residence: No. V 5 0 7 Using inia (Usigal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whale Ubite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	luguesh 22, 19 35: to augues 22, 19 35-
6. DATE OF BIRTH (month, day, and year) SEC. 5-1928	I last saw h. Lig. alive on
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, let
6 / 17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year)	Contributory Causes of Importance:
12. BIRTHPLACE (city or town) County) (State or country)	
W 13. NAME Lolus learniaa	
13. NAME folia learning and 14. BIRTHPLACE (city or town) Mary learning (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Kele Wetzel 16. BIRTHPLACE (city or town) - Lloss Granging (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Luly Wetzel (Address) 307 V & Alex	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Alber Consider Date Chief. 24, 1935	Manner of Injury
19. UNDERTAKER Sawis Stein Song Mississipping Stein Song Mississipping Stein Song Mississipping Miss	24. Was disease or injury In any way related to occupation of decoased?
20. FILEDS 213.35, 19 Joseph P. Frankling Ha. S.	(Signed) William R. Joans M.D. (Address) Comberland Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CFP B 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH US412
1. PLACE OF DEATH	(Du E)
County allegary	Registration Dist. No.
Village or City Int. Samage	NoSt.,Ward
Length of residence in city or logun where death occurred 61 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) 23 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Carry Desn	es Carter
(a) Residence: No. Put Javage (Usual place of Goode)	Str. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divoyted HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Afric H. Caster	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Mast saw h W elive on aug 2 5 1,135; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated about, at 1.1.10m.
6/ 7 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	At whentroping of win Grance
9. Industry or business in which work was done, as SILK MILL,	70
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (mynth and year) 11. Total time (years) spant in this // GYLA year)	<u></u>
12. BIRTHPLACE (city or lown) 2) the yawage, (State or country)	Other Coatributory Causes of importance:
# 13. NAME Lavid The Iderus	
14. BIRTHPLACE (city or town) West va.	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Clines Q Wes there an autopsy? 20
15. MAIDEN NAME Thorens a Robinette	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Thest Va;	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Line of Maries And (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pettionet Es Cesulente ang: 26, 1933	Nature of injury
19. UNDERTAKER A COLLAR ON A	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/27, 1935 DE BELLEY RED. Registrar.	(Signed) A Salah M. D. (Address) And Salah M. M.
If more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example II	
The principal cause of leath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SFP 3 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
M.A. Companies and the companies of the			7 7 1 B
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Village o	r City CUMBER		Registration Dist. No. ND. MEMORTAL HOSPIPAL St., 5-2 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. 23 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
(a) Resid	IAME MARS	(Usual place of abode)	St., Ward Prince State Give city of fown and State
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH August 22, 1935 (Month) (Day) (Year)
5a. If married, wid HUSBAND o (or) WIFE of			22 HEREBY CERTIFY, That I attended deceased from
7. AGE	Years Months 54 Ofession, or particular	Days If LESS than 1 day,hr	I last saw alive on
9. Industry work SAW 1D. Date deco	of work done, as SPINNER, ER, BOOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc eased last worked at ccupation (month and	11. Total time (years) spent in this occupation	Lewitun Hornach
12. BIRTHPLACE (State or o	(4) 4. 40/	YLVANIA	Other Contributory Causes of importance.
13. NAME JOSEPH CESSNA			- Jours east and
	ACE (city or town) PEN	NSYLVAN IA	Name of operation Date of Date
15. MAIDEN	NAME ELIZABET	H FILLER	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ELIZABETH FILLER 16. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)			Accident, suicide, or homicide?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARYLAND			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREM	anishing (7. (1 6	Manner of Injury
19. UNDERTAKER (Address)	Tred & F. Bedland	alge	24. Was disease or injury in any way related to occupation of deceased?
20, FILED S-23-35, 19 Joseph P. Trankin M. D.			(Signed) A Hawteuv M. g

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 08413

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Zixample 1	li li	Example 11		
The principal cause of death and related causes of importance were as follows: IVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial pephritis - 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08414
1. PLACE OF DEATH	POPATE LIMITS (36)
County Allegany -	Registration Dist. No.
Village or City Combaland	No. Prine are St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2.5. ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Warsy June Coke	MIf U.S. Veteran specify WAR
(a) Residence: No. Pine an	८ \$t, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS OFFI	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLY, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced	(month) (bay) (rear)
HUSBAND of (or) WIFE of	22. 8/8-35- 1935, to F-8-35- 1935
6. DATE OF BIRTH (month, day, and year) 2 13 1925	I last saw have alive on 8-8-35 1935 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
9 // 2 5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Duration: Littean days. Contor
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as Stlk Mill, SAW Mill, BANK, etc. 10. Date deceased last worked at this occupation (month and this potential in this potential in this security in the security of	
	Localed by scrite abounatism
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	() alling muy
(State or county)	Thysician maly saw child twenty mightes
13. NAME Junes Correr	Refore South
14. BIRTHPLACE (city or town) Sarolina	Name of operation
(State of Country)	What test confirmed diagnosisco Quulum Was there an autopsy?
15. MALDEN NAME Barry drawt	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Parkey Coker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manuar of industrial
Plato Pose Thellane Oate Cug/2, 1933	Manner of injury
19. UNDERTAKED Truin Stein Free	24. Was disease or injury in any way related to occupation of deceased?
(Add Cherland mg	If so, specify
20. Fittoug // , 1925 Jo Frankling	(Signed) (Address) 34 Lusia M. O.
ff	2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CFP 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory covers of inventory				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
5		A CONTRACTOR SANGEROUS		

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08415
1. PLACE OF DEATH	
County Allagry	Registration Dist. No. 12
Village or City Sillswill	No. St., Ward
Length of residence in city or town where death occurred 50 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmos,ds.
2. FULL NAME Benjamin M	Coleman
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If market, widowed, or divorced HUSBAND of (or) WHE of . Amaunda Poland	22. I HEREBY CERTIEY. That I attended daceased from aug. 8th, 19.35, to aug. 18th, 1935
6. DATE OF BIRTH (month, day, and year) Thay -1. 1862	i last saw July alive on aug. 17 7 , 19.35; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 Qm.
73 3 — 17 Iday,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Chronic Interstitial hebliets aug 8.35
9. Industry or businass in which work was dona, as SILK MILL,	T T
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked et this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) mayland (State or country)	Other Contributory Causes of importance:
13. NAME Relata Coloman	
13. NAME RECE (city or town) manyland	Name of acception
[State or country]	Name of operation
	What test confirmed diagnosis?
E Charles	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?
O 16. BIRTHPLACE (city or town)	
17. INFORMANT Mas and Shesman (Address)	Whare did injury occur?(Specify city or town, county and State) Spacify whethar injury occurrad in LNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB, REMOVAL	Manner of injury
Place Old Coney Censeleypate Using 20, 1935	Nature of injury
19. UNDERTAKER My Esselher	24. Wes disease or injury in any way related to occupation of daceased?
20. FILED aug 20, 19 20 R. Stales. Registrar.	(Signad) M. J. edgringst M. D. (Addrass) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

i	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance.		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

DDITIONAL SPACE FOR FURTIER STATEMEN	NTS BY PHYSICIAN
* * * * * * * * * * * * * * * * * * * *	
Transit (

Q
RESERVED
3R
SI
RE
MARGIN
R
MA
•

state 1. PLACE OF DEATH Jo plnods County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred How long In U.S. if of foreign birth? statement 2. FULL NAME If U.S. Veteran specify WAR. CORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT 5a. If married, widowed, or divorced HEREBY CERTIFY, That I attended deceased from (or) WIFE of 06 回 certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Months If LESS than to have occurred on the date stated ebove, at Days stated I dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence or____min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc back 9. Industry or business in which may plnods work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that occupation __ instructions SO 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, HER FAT See 14. BIRTHPLACE (city or town)_ (State or country) carefully What test confirmed diegnosis?. ----- Was there an autopsy?_ MOTHER important. 15. MAIDEN NAME E 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did Injury occur?__ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF 18. BURNA Manner of injury 1 mation CAUSI Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased?___ 19. UNDERTAKER If so, specify (Signed) _ 20. FILENCE / 10 1933 Registrar. (Address) 4/ Zames If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis : 6 1635	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
7,31,70				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

B.-WRITE

ż

V. S. No. 1

Exact statement of OCCUPA-

of certificate.

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

be

1. PLACE OF DEATH	92-a OSA17
	CORPORATE LIMITS Registration Dist. No.
0 000	60
Village or City Cultural City	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?mos ds.
2. FULL NAME Mary A. Cann	elly
(a) Residence: No. Land Rev	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
7 OR DIORCED (write Moward)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
51 me =	July 25 ,1935, 10 Clug. 9, 1935
6. DATE OF BIRTH (month, day, and year) 7eb 18/3	Alast saw (he alive on ling 9 19 23; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9 a.m.
62 6 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Of in the second
SAWYER, BOOKKEEPER, etc.	mone nacerales
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this spent in this	
10. Data deceased last worked at 11. Total time (years)	
O this occupation (month and spent in this year)	
25	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	P. M. D. A
	Syo. reparities
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama ef operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city of town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city of town)	Accident, suicide, or homicida? Date of injury, 19
State or country	Where did injury occur?(Social injury occur?
17. INFORMANT - es Justia Councilly	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Regularland Food	
18. BURIAL EREMATHA, QR MMOVA	Manner of injury
Apple June 17 Course Dataflee 9 12, 1935	Nature of injury
19. UNDERLANER Logica Sleife Tre	24. Was disease or injury in any way related to occupation of deseased?
Course berland and	If so, specify
20 Fleen 10 1935 As La Franklin	(Signed 3 VULLEY) M.D.
Registrar.	(Address) 122 So. Centre It,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis SEP 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage QUREAU V. S.	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Length of residence in city or town, where death/occurred yes	STATE OF MARYLAND	CERTIFICATE OF DEATH 08418
Village or City It death occurred in a hospital or institution, age its NAME intend of street and number) Leagth of residence in city or town, where death/seccurred years and one of the control in a hospital or institution, age its NAME intend of street and number) 2. FULL NAME (a) Residence: No. Charles for obsolve) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR MACE OR DIVERSED (WIDOWED) 3. If mastriad, widowed, or divorcal or provide the city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR MACE OR DIVERSED (WIDOWED) 3. SINCLE, MARRIED, WIDOWED) 3. If mastriad, widowed, or divorcal or provided in the city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. 1 HER EBY CERTIFY. That I attended deceased for or divorcal or provided in the city or town and State 22. 1 HER EBY CERTIFY. That I attended deceased for or divorcal or provided in the city or town and state or or divorced in the date stated above, at the city or town and state or divorced in the city or town and state or or divorced in the city or town and state or or or town and state or or or or town. (State or country) 1 1. MACE 1 1. SEX Industry to business in which were was done as SILK MILL, but sex and a subject or town. (State or country) 1 2. RAMBER NAME 1 3. SEX A 4. COLOR OR MACE 1 3. SEX A 4. COLOR OR MACE 1 10 And Market State or	allong	a
Length of residence in city or town where death/occurred yes		Registration Dist. No.
Length of residence in city or town, where death/secured yes, inco. d. How long in U.S. If of foreign birth? mos d. How long in U.S. If of foreign birth? mos d. Ward. PERSONAL AND STATISTICAL PARTICULARS S.SEX 4. COLOR OR BACE 5. SINCE, MARKE D. WIDOWED OF DEATH 25. LI Married, widowed, or divorcad will will show the case of the color of core will be compared to compared to compare the color of core will be compared to comp	Village or City (1	If death occurred in a hospital or institution, grad its NAME instead of street and number)
(a) Residence: No. Ward	Length of residence in city or town where death occurred gyrsmore	sds. How long In U.S. If of foreign birth?yrsmosd:
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR DACE Market OR DIVORCED Compt theyword) Sa. If marriad, widowed, or divorcad HUSSAND of corp. With the compton of c	(a) Residence: No.	7
3. SEX 4. COLOR OR PACE OR DIVORCED (write theyword) 5a. If married, widowed, or divorced (cor) wife of Color (cor) wife of	PERSONAL AND STATISTICAL PARTICULARS	
5.9. If married, widowed, or divorced (art) wife of Custon (art) wife of	OR DIVORCED (write the word)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. ormin. Were as follows: S. Trade, profession, or particular wind of work done, as S.PINNER, SAW MILL, BANK, atc. 10. Data decessed last worked at this occupation (month and year) 10. Data decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME Males Robins as S.PINNER SAW MILL, BANK, atc. 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) Data ANA Data Data 18. BURIAL, CREMATION, OR GREMOVAL Place (Address) Data 19. John Ana 19. John And 19. John Ana 19. John And 19. John A		(Month) (Day) (Year)
7. AGE		22. HEREBY CERTIFY, That I attended deceased from
7. AGE	6. DATE OF BIRTH (month day and year) Leby 26 - 1874	Plast saw begins alive on ang 30 1933 death is sai
Same		7 :004
8. Trade, profassion, or particular that of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Data Of Injury Data Of Injury Data Of Injury Natura of inju		The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Section Sect	8. Trade, profassion, or particular kind of work done, as SPINNER.	Nightles
Section Sect	SAWYER, BOOKKEEPER, atc.	
Section Sect	work was done, as SILK MILL,	
Other Coatribatory Causes of Importanca: Other Coatribatory Causes of Importance: Other Coatribatory Causes of I	Spent in this	
12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Signed) 10. Signed) 11. Signed) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation What test confirmed diagnosis Was thera an aulopsy? What test confirmed diagnosi	occupation	Other Contributory Causes of Importanca:
What test confirmed diagnosis. Was there an aulopsy? What test confirmed diagnosis. Was there an aulopsy? What test confirmed diagnosis. Was there an aulopsy? 23. If death was due to external causes (VIOL ENCE) fill In also tha following: Accidant, suicide, or homicide? Data of Injury. Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury. Natura of injury. 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) Mas thera an aulopsy? Was thera an aulopsy? Accidant, suicide, or homicide? Specify whather Injury occurr? Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signed) Manner of injury (Signed) Manner of injury (Signed)	12. BIRTHPLACE (city or town) Saveth Co.	
What test confirmed diagnosis. Was there an aulopsy? What test confirmed diagnosis. Was there an aulopsy? What test confirmed diagnosis. Was there an aulopsy? 23. If death was due to external causes (VIOL ENCE) fill In also tha following: Accidant, suicide, or homicide? Data of Injury. Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury. Natura of injury. 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) Mas thera an aulopsy? Was thera an aulopsy? Accidant, suicide, or homicide? Specify whather Injury occurr? Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signed) Manner of injury (Signed) Manner of injury (Signed)	13. NAME Michael Custer	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 21. Maiden 23. If death was due to external causes (VIOL ENCE) fill In also tha following: Accidant, suicide, or homicide? Data of Injury Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Mass thera an autopsy? What test confirmed diagnosis Was thera an autopsy? What test confirmed diagnosis Was thera an autopsy? Accidant, suicide, or homicide? Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) (Signed) (Signed) Mass thera an autopsy? Accidant, suicide, or homicide? Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or t	14. BIRTHPLACE (city or town) (State or country)	
Where did injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place few learning Data Ang 23, 19.3 Natura of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Manner of injury (Signed) M. (Signed) M.		
Where did injury occur? 17. INFORMANT	16 RIRTHPI ACE (city or town)	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILED 23, 193 CAR, You (Signed) (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M.	(Stata or country) famely .	
18. BURIAL, CREMATION, OR REMOVAL Place few flavor finding Data And 23, 19 3 Natura of injury 19. UNDERTAKER (Address), 20. FILED 23, 193 AN, Natura (Signed) Manner of injury Manner of injury 19. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M.	17. INFORMANT Mis Haryey Custery	(Specify city or town, county and State)
Place few flavoury Data Mind 3, 19 3 Natura of injury 19. UNDERTAKER (Address) 20. FILED 23, 1937 A. N. Nouthern (Signed) M. (Signed) M.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M.	Place Tew Servany Data ang 23, 19 35	
20. FILED / 23 1935 a.R. Nolker (Signed) Worm of grade M.	19. UNDERTAKER August	24. Was disease or injury in any way related to occupation of deceased?
	20, FILED 23 1935 ar North	nach me
		(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l II	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 55	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	
No.	
υż	
>	

8	STATE C	F MARYLAND—	CERTIFICATE OF DEATH	110
1	. PLACE OF DEATH		2079	710
	County Alleg	suy,	Registration Dist. No.	
	Village or City March	elis fread (death occurred in a horpital of institution, give its NAME instead of street and nu	Ward
	Length of residence In city or town where	-		
2	. FULL NAME / Cobe	A Dan	dson	
	(a) Residence: No.		St, Ward.	
eDemons.	PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
3. S		5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	193.5 (Year)
50.	HIISBAND of	ray Hott Davidson	22. I HEREBY CERTIFY, That I attended de	ceased from
6. 1	DATE OF BIRTH (month, day, end year)	Je 74 1879.	I last saw h, 19;	death is said
7. /	AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	B. O. P.P. Shopme		
CUPATION	9: Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	V		
00	1D. Date deceased last worked at this occupetion (month end year)	11. Total time (years) spent in this occupation	4)	
12.	BIRTHPLACE (city or town)	1. Ya).	Dther Contributory Causes of Importance:	
œ	(State or country)	poshere Co) o	
FATHER	13. NAME Vasnus	Marian		
FA	14. BIRTHPLACE (city or town) (State or country)) : Q.A.	Name of operation Dete of What test confirmed diagnosis? Was there en eu!	oneu?
OTHER	15. MAIDEN NAME	t know.	23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide advantage ate of injury trans-	17025
8	16. BIRTHPLACE (city or town) (State or country)	We know	Where did injury occur?	a. f19. 22.
17.	INFORMANT Mal. Dal. (Address) Caesa dod	lee Toland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OR REMOVAL	Date 8/30/ ,1935	Manner of injury Alexal Cut of A	
19.	UNDERTAKER WWW. A. F.	redlock	24. Was diseese or injury in any way related to occupation of deceased?	
	(Address)	CONTROL IIII	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEY	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED

state 1. PLACE OF DEATH OCCI plnods item of County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?____ statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL 5e. If married, widowed, or divorced MUSBANO of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day/and yeer) 7. AGE If LESS than Months Davs to have occurred on the date stated above, et 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or _____min. 8 Trede, profession, or particular OCCUPATION kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .. 10. Date deceased last worked at on 11. Total fime (years) this occupation (month and spent in this yeer) ___/Large sar occupation _____ instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis?. MOTHER is very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town). pe Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE plnods OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury mation Date Kug LION Nature of Injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) so, specify (Address) - Cana CALLER Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State ERTIFYA That I attended deceased from Oate of onset ----- Was there an autopsy?____ (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	71	Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 4 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones	Y	May 1,1923	Gastroenteritis	1 year	
			•		

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 084	21
1. PLACE OF DEATH	RPORATE LIMITS (24)	₩ 11.
County allegang WITHIN COR	Registration Dist. No.	
Village or City Cumbdeland	No. allegany Hapital St., 4	Ward
	death occurred in a horpital or institution, give its NAME instead of street and no	
1 1+ 0 7 · 10		
2. FULL NAME Stalles 4 Darrall	If U.S. Veteran specify WAR.	mi
(a) Residence: No. O Many Meet (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male A Lite Married Married	21. DATE OF DEATH (Month) (Day)	193_5 (Year)
ia. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended d	leasened from
(or) Wife of Natharine	22. SI HEREBY CERTIFY, That I attended d	19 35
5. DATE OF BIRTH (month, day, and year) Feb. 11, 1889		; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at \\23_15_Q_m.	
46 6 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		Date of ouset
SAWYER, BOOKKEEPER, etc.	Charle eight tis > chalalethras	R
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year) occupation (month and occupation		
12. BIRTHPLACE (city or town) Oakland (State or country) Many Land	Other Contributory Causes of Importance:	8-26.35
1 13. NAME Italiam It han all		
14. BIRTHPLACE (city or town) Shanks wells. (State or country)	Name of operation Chale eage tectory Date of S. What test confirmed diagnosis? Was there an a	-19-35
15. MAIDEN NAME Mary James	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) A liendarle (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Stilliam V Frainall (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION OR REMOVAL Westernfort. Place Western Care Date Sept 3, 1935	Manner of injury	
TI Haman	Nature of Injury	1 2 2
19. UNDERTAKER AU JULIANU (Address)	24. Was disease or injury in any way related to occupation of deceased?	
0/11-069 1121	(Signed) S. G. Thome	
20. HB J 3 1935 A Soll Wolkson M. W. Registrar.	(Address) mederal (Eldg	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitia nephrites Er 0 1833	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	- Desired	. '
MARGIN RESERVED FOR BINDING	IX, WITH UNFADING INK-THIS IS A PERMANENT I	correctilly cumuliad ACE should be estated EXACTLY.
겁	N	100
2	IS	Stal
1	HIS	ho
CVI	E.	Pla
되	XX	cho
5	H	1
7	NG	AC
	IO	~
5	E	lie
A	N	וושוו
4	H	0
,	VIT	Ē
	-	Piof
	H	6

1.	County A			WIT	HIN CORPO	HATE LIMITS	- 74	Registration Di	st. No.	
	Village or 0	-	umberl	and l	Md	No W	sure	nal Ola	6. St. 6	-/ Wa
		,				(If death occurred in a mos. 20 ds. How	horpital or institu	ution, give its NAME it	stead of street and	number)
										103
2	FULL NA	ME			Mrs Verr	If U.S.	Veteran speci	ify WAR	140,44,44,44,44,44,44,44,44,44,44,44,44,4	
	(a) Resider	nce: No	Lon	aconing	lace of abode)	St.,	_Ward.	If nonresident giv	e city or town and	d State
	PERSON	IAL AN	ID STATIS		RTICULARS	М	EDICAL C	ERTIFICATE		
3. S	ex mal d	4. COLO	OR OR RACE	OR DIVO	MARRIED, WIDDWELL RCED (write the word		F DEATH	8 -	55	., 193 (Yeer)
_	If married, widow	ved, or div	orced							
	HUSBAND of (or) WIFE of	Fε	zenbak	er Cla	rence	22. 8.	HEREB	Y CERTIFY.	That I attended	deceased fr
6. D	ATE OF BIRTH	(month, da	y, and year)	July 5	1898	I last saw h.	alive on	8-2	2-, 19.35	; death is s
7. A		ars	Months	Days	If LESS that 1 day,			TH and related ceuses		Date of one
LION			particuler , as SPINNER, EPER, etc				an	elo Cy	losis	In
CUPA	9. Industry or work we SAW MI	business l s done, as LL. BANK.	n which SILK MILL, etc			///				6
ပိ	10. Date deceas		orked at onth and	11. To	tal time (years) spent In this occupation					
12.	BIRTHPLACE (c (State or cou	ity or town)	· Maryl	and		Dther Contribute	ry Causes of imp	portance:		
ER		Beems				* * * * * * * * * * * * * * * * * * * *	0			
FATH	14. BIRTHPLAC (Stete o	E (city or t	own)Mar	yland		Name of operation What test confirm	1	30. 00g	Date of	autoney? M
ER	15. MAIDEN NA	AME SE	alisbur	y Mel	vina			auses (VIOLENCE) fill I		
MOTHER	16. BIRTHPLAC (State o	E (city or t	own)Vir	ginia			, or homicide?	Da		
17.	INFORMANT (Address)	Memo	orial H	ospita	1			(Specify city or to In INDUSTRY, in HOMI	wn, county and Sta E, or in PUBLIC PL	ite) LACE.
18.	BURIAL GREMA	TIDN, OR	REMOVAL	Date 8	-215- ,19	Manner of injury				
19.	UNDERTAKER (Address)	My	Son Con	ahha	my			way related to occupati	on of deceased?	no
	FILED 8 - 2	10	1935	in 1:7	Luxin 14	(Signed)	Vixo	1/the	can	N N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-71	Example II	
The principal cause of death and related/causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Otherson Author			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	ONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
---	------------	---------------	-----------	------------	----	----------

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08423
1. PLACE OF DEATH	(87:a) C
County Allegann	Registration Dist. No O
Village or City I pracuseing	No. St., Ward
(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
2. FULL NAME Amanda Caylem	an Sum.
(a) Residence: No. AntiCounty Daugho	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE, S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Open. S. Leen	22. I HEREBY CERTIFY, That I attended deceased from July 1924, to Ourg 2/ 1935
6. DATE OF BIRTH (month, day, and year) Man 14, 1858	I last saw h - In alive on any 20 th, 1935; death is said
7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	mulliple neuriting grey 10.34
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation month and gary spent in this occupation. BLyw.	
12. BIRTHPLACE (city or town) Banton (State or country) Manualand	Other Contributory Causes of importanca:
13. NAME lesse levleman	
13. NAME (lose leviferman) 14. BIRTHPLACE (offy or town)	Nama of operation
(State of country)	المطر What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sarah Suschworth	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Miss Sestudy Licen, (Address)	(Specify city or town, county and Stale) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cash Hell Curetury Data Aurg 24, 1932	Manner of injury
19. UNDERTAKER MI Eighterma, MA	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Ching. 24, 135 2. One Var forced.	(Signed) [tury to I folgow M. D. (Address) Linaurung, m. A.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FP	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	0.1		MARGIN RESERVED FOR BI	RES	SERVI	ED	FOR	BI
N. B.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	WITH	UNFADI	ING I	NK-T	HIS	IS A	PER
3	mation should be carefully supplied. AGE should be stated E.	s fully s	upplied.	AGE	plnous	pe	stated	M
1	CAUSE OF DEATH in plain terms, so that it may be properly of	n plain	terms, so	that	it may	be	proper	ly c
	TION is very important. See instructions on back of certificate.	nt. Se	e instruct	tions o	n back	Jo	certifica	ate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 08424
County Allgary	Registration Dist. No.
Village or City fracquing	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred / yrs mos.	ds. How long in U. S. If of foreign birth? 35 yrsmosds.
2. FULL NAME If is have angu	est Gunlock
(a) Residence: No. (Usual place of abode)	St Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the word) 5. If merited, widowed, or-divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND OF CON WIFE-OF PRANTING Burekent	22. 1 HEREBY CERTIFY. That I attended deceased from July 1st 1935, to ang 30 4 1, 1935
6. DATE OF BIRTH (month, dey, and year) Oct 22, 1857	I last saw h are alive on Orage 29 Ct , 1935; death is said
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the dete steted above, at/m, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER. Restaurant Nesson	Caner of Sterrat
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (meeth and	
10. Date deceased lest worked at this occupation (month and yeer) 11. Total time (yeers) spent in this occupation //y/a	
12. BIRTHPLACE (city or town) Sessmany	Other Coutributory Causes of Importance:
(Stete or country) 2 13. NAME August Significate	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (MANUELL) 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Phisa Martha Junior	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD Place 1. Marya emetery Dete Sefet 2, 1935	Menner of injury
19. UNDERTAKER Alla Conclusion (Address) Smachning And	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED EST 2 135 N. E. Con Valled Registrar.	(Signed) Herry In 1 trager M. D. (Address) Longering, Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

mation should be carefully supplied.

4	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 08425
J.P.A	1. PLACE OF DEATH		40.56
occo	County Allegan	WITHIN COF	RPORATE LIMITS Registration Dist. No.
O je	Village or City Curreber	assel	No. 22/ Belief St., Ward death occurred in a horpital or institution (sive its NAME instead of street and number)
ıt	Length of residence in city or town where death		A
mei	2. FULL NAME Sure La	rale Francis	LACOS VICES Specify WAR
statem	(a) Residence: No. 221 / De	(Usus/place of abode)	St., Ward
act	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Exact	3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR INVORCED (write the word)	21. DATE OF DEATH (Day) (Yaar)
fied	5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended deceased from
classifi	(or) WIFE of Martin Co	ruturt >	22. I HEREBY CERTIFY. That I attended deceased from 5. 34, 19, to 8
	6. DATE OF BIRTH (month, day, and year)	28 1871	I last saw head alive on 8 . 5 6
properly certificate.	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et Single m.
rtif	64 6	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were so follows:
	8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER BOOKKEEPER etc.	A.	
of of	E	ousework!	Jancinomatorio
may	9. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	worksme	of automer
it i	U 10. Oata deceased last worked at	11. Total tima (years)	Million Contract
-	this occupation (month and yaar)	spent in this 36 4	Other Contributory Causes of importance: (malegnent).
erms, so tha instructions	12. BIRTHPLACE (city or town) & Chard		Conver was primary on the multilocular
s, s	(State or country)	ma	ovarian exist, for which the patient had been where
rminst	13. NAME John Be	alos	ated upone (Cure p
4 4	14. BIRTHPLACE (city or town)	gland	Name of operation application of 2 19-36
, 20	(Stata or country)	0	What test confirmed diagnosis? Alexander Was there an autopsy? Wes.
EATH in p important.	15. MAIOEN NAME Mary (teare	23. If death was due to external causes (VIOLENCE) fill In also the following:
田			Accident, suicide, or homicide?
TA'u	(State or country)	·Va)·	Where did Injury occur? (Specify city or town, county and State)
AA	17. INFORMANT Cycle	urgey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
OF D	18. BURIAL, CREMATION OR REMOVAL-	9	Menner of injury
SE	Place Rose Bfell	Date Selet / 1935	Nature of injury
CAUS	Qui Va	1 /2	24. Was disease or injury in any way related to occupation of deceased? 700.
CI	19. UNOERTAKER (Address)	lev I me	If so, specify
0	13	A. 10 m.1	(Signed) / Velling M.Q.
(7)	20 THEDE 3 19.33	(//////Registrar.	(Address) Landia Plan, A. Man.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	Zatella presi
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	muy 1,1920	Out venter to	1 year

WRITE PLAINLY, WI	N. B.—WRITE PLAINLY, WITH UNI	MAR	UNI
S. No. 1 B.—WRITE PLAINLY,	V. S. No. 1 N. B.—WRITE PLAINLY,		WITH
S. No. 1 B.—WRITE	V. S. No. 1 N. B.—WRITE		PLAINLY,
	> Z	S. No. 1	B.—WRITE

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08426
1. PLACE OF DEATH	PATE LIMITE @
County Clarguy	Mable of Registration Dist. No.
Village or City Chembers	No. Mableciale St. H W.
a lack with Wa	Fdeath occurred in a hopital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmo	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME SHILLO STANK THE	If U.S. Veteran specify WAR.
(a) Residence: No.	St., 6 - Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(1930)
So de married wildowed or diversed	(Mog(h) (Day) (Year)
5e H married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIEY, That I attended deceased
(o) HILLO	Cluy V 2 100 to My 7 1 100
6. DATE OF BIRTH (month, day, end year 1984 22, 1935	I last saw har alive on 19; death is
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, et.///m.
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: Date of or
8. Trade, profession, or particular kind of work done, es SPINNER, Onfur SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Jemelm
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	
year) spent in this occupation graph occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or couptry)	
II 13. NAME Tachund DITA	<u> </u>
13. NAME Church Off The 14. BIRTHPLACE (city or town) Church Off Charles of Country (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Myslle & Mus 16. BIRTHPLACE (city or town) Old Carry (State or compres)	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Old Jacon	Accident, suicide, or homicide? Date of injury, 19
(State or cgunry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Rachud O Hayris	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place AULI 22., 19 8.	Manner of injury
DO: 1	6
19. UNDERTAKER JUSTIMAN S. Alager	24. Was disease or injury) in any way related to occupation of deceased?
(Address) elimitedant fond	If so, specify
20. FILED 6 - 22 - 3, 10 ough . Translater	(Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis PECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 6 1935	July 5,1927	Peritonitis	3 days ago	
BUREATT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

	10 7		
 	 4.7		

S. No. 1

m

state infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis FECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 0 1300	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08428
1. PLACE OF DEATH	This
Court alle 12 200 WITHIN CORE	PORATE LIMITS Registration Dist. No.
0 1 0 0 0 1 4	Registration Dist. No.
Village or City Umberland, Ma	No. Megany topulast., T Ward
	death occurred in a hospital or destitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
B 1 . 01	us. How long in 0.0.11 of foreign bittin:
2. FULL NAME Destrice Howo	are .
(a) Residence: Np.	St., Ward. Sainsburg Sa. V
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale It tite married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced	(1001)
(or) WIFE of Helliam Howses,	22. I HEREBY CERTIFY, That I attended deceased from
- STROCCOM - VO-10 CANO	august 12 ,1935, to aug. 14, ,1935
6. DATE OF BIRTH (month, day, and year) May 21, 1896.	I last saw h et allve on August 14, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:40 for m.
39 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Leurena engrettetes . Date of oneset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this operuation (month and	
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and spent in this	
year) occupation	
12 PARTIEN ACE (situations) Curry be lead	Other Contributed Causes of impostance:
(State or country)	Cherry Dopastation
11 13. NAME Brady Brown to	N hlanda Chlar
H B A B A B	6/7/29
14. BIRTHPLACE (city or town) Beaford County	Name of operation Date of
(State of country) Sinneylvania	What test confirmed diagnosis was there an autopsy?
16. BIRTHPLACE (city or town) Cumber land (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Cumberland	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Md.	Where did injury occur?
17. INFORMANT Mr. W. a. Howsare	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Bedford R.D. # 4.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Tainshierg, Va Date luguest 16, 19 35	Nature of injury
f. 10 Pet of	(ha)
19. UNDERTAKER The C. Cale & South	24. Was disease or injury in any way related to occupation of deceased?
(Address) 43 ed ford Pa	If so, specify
20. FILED 8-1 8-3 99 1. Wanking 160	(Signed) M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SFP 6 1935	July 5,1927	Peritonitis	3 days ago	
	RUREAU V. 5.	-			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08429
1. PLACE OF DEATH WITHIN CORPORATE	LIMITS (83)
county way	rigistration Dist. No.
Village or City Chanter (If	No St., Ward death occurred in a hospital or manufaction, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	. 29 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mice Plandson.	If U.S. Veteran apecify WAR.
(a) Residence: No. melliside, blesson	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SENS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	ang 12, 193 b
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 / 27 ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arealistat Drowning
9. Industry or business in which	tell on le estimas & tradel
work was done, as SILK MILL, SAW MILL, BANK, etc	Braken Neit and what
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME William In Andrew 14. BIRTHPLACE (city or town) Lambertal 14. State or country)	
14. BIRTHPLACE (city or town)	Nama of operation Date of
	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME The Bolinger	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Supplies (State or couplry)	Accident, suicide, or homicide?
11/1 0 14 10 1	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFDRMANT (Address)	Specify whether injury occurred in INDOSTAT, in Nome, of the Obelo FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Menson La Date Ing 13, 19 3	Nature of Injury
19. UNDERTAKER Lomis Sten Inc	24. Was disease or injury in any way related to occupation of deceasad?
(Address)	olf so, specify A
20 511508-14-35 10 Sough P. Frankling V	(Signed) The Ordulus and M. D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
En august militar region autre e autre majo garage en la circa minimate publication e			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

M

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

CUMBERLAND.

OCCUPA.

jo

1. PLACE OF DEATH	CERTIFICATE OF DEATH 08430
County ALLEGANY WAYHIN CO	Registration Dist. No.
Village or City CUMBERLAND Length of residence in city or town where death occurredyrs	No. MEMORIAL HOSPITAL St., — Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) _mosds. How long in U.S. If of foreign birth?
2. FULL NAME CLARENCE HUFF	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	21. DATE OF DEATH August 6, 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LAURA CATHERINE MOUGLE	22 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS the laday, and or min	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, SAL ESMAN SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Augentie Date of onset
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) PENNSYLVANNA (State or country)	Other Converbutory Courses of Importance:
I 13. NAME J. H. HUFF	- Jacquin
13. NAME J. W. HUFF 14. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Must be the an autorsy?
置 15. MAIDEN NAME MARTHA HAGEY	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MARTHA HAGEY 16. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)	Accident, suicide, or homicide? Date of injury, 19

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,

24. Was disease or injury in eny way related to occupation of deceased?

If so, specify (Signed).

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Nature of injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THREALL V. S.			02/12
Other contributory causes of importance:		Other contributory causes of importance:	11-13040
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

SIAIL OF MANILAND CENTILIONIE OF DEATH MAYOR	STATE OF	MARYLAND-CERTIFICATE OF DEAT	TH 0843
--	----------	------------------------------	---------

1. PLACE OF DEATH			
County alleghany		Registration D	ist. No.
Village Dr City Sautota), md;	No	St.,Ward
Length of rasidence in city or town where deeth occ	// ^	ds. How long in U.S. if of foreign birth?	
2. FULL NAME / telliam (. Inskees	6 If U.S. Veteran epecify WAR	
(a) Residence: No. Halm	Joual place of abode)	St., Ward.	ve city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE 5. SIN OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	3 . , 193 <u>5</u>
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	. Ingle	22. I HEREBY CERTIFY	, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, and year)	4.18.1868	I last saw harman aliva on ang: 3	1935 ; death is seid
7. AGE Years Months	Days If LESS then I deyhrs.	to heve occurred on the date stated above, et 201	m.
8 Trede, profassion, or perticuler kind of work dona, as SPINNER,	ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses were as follows:	Date of onset
SAWYER, BUDKKEEPER, etc.	l-mine	7	
work was dona, es SILK MILL, SAW MILL, BANK, etc.			
The state of the s	11. Totel tima (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Sails	W. aparton	Dther Contributory Causes of Importance:	
(State or country)	"Total		
13. NAME (Lety or town) 14. BIRTHPLACE (city or town)	skeep ?		
(Steta or country)	- A	Name of operetion	
(Steta of country)	reproduction of	What test confirmed diegnosis?	
	in corro	23. If deeth wes due to external causes (VIDL ENCE) fill	
16. BIRTHPLACE (city or town)	mariant	Accident, suicide, or homicide? D Where did injury occur?	ate or injury, 19
17. INFORMANT Hazel	nskeep	(Specify city or to Specify whether Injury occurred in INDUSTRY, In HOM	own, county and State) NE, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Restlements, Motor	Aug 6 ,1032	Manner of Injury	
19. UNDERTAKER (Address)	md.	24. Wes disease or injury In eny wey related to occupe	ion of deceesed?
20. FILED 0 5', 1936' S.	a Bouches	(Signed) A. A. Box (Address) Barta	ther M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial negli	163 3095	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 5 100	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	2		
Other contributory ca		THE STATE OF	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEP B 1955				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ON RACE 5. SIN	coursed 8 yrs. 3 Salfa 2 Sal	Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of streemens. ds. How long in U. S. if of foreign birth? St., Ward. If nonresident give city or to	St., Ward
OF RACE 5. SIN	coursed 8 yrs. 3 Salfa 2 Sal	WINC. No. (If death occurred in a hospital or institution, give its NAME instead of streem.) ds. How long in U.S. if of foreign birth?yrs. St., Ward. If nonresident give city or to	St., Ward
OF TATISTICAL OF RACE 5. SIN OR	Coursed Syrs. A Salfa World Usual place of abode) PARTICULARS NGLE, MARRIED, WIOOWE	(If death occurred in a hospital or institution, give its NAME instead of street, and stre	et and number)
OSTATISTICAL OR RACE 5. SIN OR	Usual place of abode) PARTICULARS NGLE, MARRIED, WIOOWE	St., Ward. If nonresident give city or to	
ON RACE 5. SIN OR	PARTICULARS	If nonresident give city or to	
ON RACE 5. SIN OR	PARTICULARS	If nonresident give city or to	
ON RACE 5. SIN OR	PARTICULARS		arm and State
thite OR	GLE, MARRIED, WIOOWEG		
Mule	DOYANARD / 1 11.	21. DATE OF DEATH	1 -
ed	DIVORCED (write the, word	(Month) (Day)	(Year)
16	10	72. I HEREBY CERTIFY. That I et	
artha	L. Dorger Se	Ley 19 to 19	
and year) Ofar	119/1864	I last saw hand alive on many, 1	93년; deeth is sa
Months	Oeys I If LESS that	1/-	
10	ormin.	"" I ne PRINCIPAL CAUSE OF DEATH end related causes of important	Date of ons
ticular s SPINNER, ER, etc.	asmer!	Chronie Interstitial	
which		2.41	
LK MILL, ced at_	11. Total time (years)	Mephritis	1932
Want 1926	spent in this	41A	
m	and and	Other Contributory Causes of Importance:	
1	ATTA	4	
ofm &	1/ Stall	ey	
(n)	mings	Name of operation	ite of
Mine	anygang		
oraclia	· spageenis		
n)	awland		
1. Ingeth	aff Hell	(Specify city or town, county	and State) LIC PLACE.
MOVAL Cerneley Date	Orig. 24, 19	Manner of Injury	
topics	elyon .	24. Wes disease or injury in any way related to occupation of deceas	ed 2000
1 Land			
4	odelia n) Marth	Martia Markans	Name of operation. Name of operation. What test confirmed diagnosis? Was the Accident, suicide, or homicide? Accident, suicide, or homicide? Where did Injury occur? Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or In PUB MOVAL Manner of Injury Nature of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceases

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SET 4	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefull CAUSE OF DEATH in pl

-WRITE PLA

V. S. No. 1 B TION is very important.

MOTHER

15. MAIDEN NAME

(Address)

17. INFORMANT

16. BIRTHPLACE (city or town) (State or country)

infor-state UPA-

AD. Every item of YSICIANS should statement of OCC	County Alley and Village or City Westers Length of residence in city or town when the state of	suport re death occurred 40 yrs.
RD.	(a) Residence: No. 102	(Usual place of abode)
NT RECOLLY. PH	3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w
A PERMANENT ted EXACTLY perly classified.	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth	Hotan Laugh
IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months	Days If LESS 1 dey,
THIS d be ty be k of	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Rotired
E sh t it	10. Dete deceesed lest worked et this occupation (month and year)	11. Total time (years) spant in this occupation
H UNFADING y supplied. AGI ain terms, so tha See instructions	12. BIRTHPLACE (city or town) Jisho (State or country) Some Dil 13. NAME 14. BIRTHPLACE (city or town)	han England
y sup ain to See	14. BIRTHPLACE (city or town)	eland

1. PLACE OF DEATH

08434 STATE OF MARYLAND—CERTIFICATE OF DEATH

_	(131)				
		Registration	on Dist. No	b	
ā. ī	No. 102 Main			St.	Ward
(It de	ath occurred in a hospital or institutionds. How long in U.S. If of	forelan hirth?	ME instead of st		er)
U 3+	00	Torongii Dirtin:	1		us.
ce	g them	,/			
0	_St.,Ward.	-			
1	MEDICAL CE		ent give city or t		
	1. DATE OF DEATH	KIIIIOA	TE OF DE	AIR	
1	ang		18	197	5
-	7	(Month)	(Day)	, 200	(Year)
	2. I HEREBY		FY, Thet I	attended dece	esed from
1	ang 1	19 3.4 to	ang	18.	1935
7	I last saw h elive on	ang		19.35; de	eth is seld
	to have occurred on the date stated	d above, at	1:10 Am.		
5.	The PRINCIPAL CAUSE OF DEATH were as follows:	H end releted c	euses of Importa		
		175	Start &	Da	te of onset
	arteriord	croni	7	,	1934
	Chunix &	lesse	ritis		934
		THE WAY			
	Other Contributory Causes of Impor	rtance:			
2-	Uremin				3-10-35
-	morrow	~			1.10.20
-	Name of orderation NV	20	74		
			fry West	Date of	
-	What test confirmed diegnosis?_U	(/			1
-1	3. If death was due to externel ceus				-
	Accident, suicide, or homicide?	********	Dete of injury	Y	19
	Where did injury occur?	(Specify city	or town, county	and State)	
	Specify whether injury occurred In	INDUSTRY, In	HOME, or In Pu	BLIC PLACE.	
-	Manage of Internal				
1	Menner of Injury				
-	Neture of injury			a	
	4. Was disease or injury In eny wa	y related to oc	cupation of dece	ased?	/
-	If so, specify	. 067	9110		
4	(Signed)	and or	The same	9/2	M. D.
II	(Address)	come	W. L		

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

MARRIED, WIDOWED. ORCED (write the word)

> 1 deyhr or____min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephralis SEP 4 130	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied.

	CERTIFICATE OF DEATH 08435
	REGISTRATION Dist. No.
Village or City Allegany Hospital	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mos	death occurred in a notification of the state of the stat
2. FULL NAME Adam · Lease	If U.S. Veteran specify WAR.
(a) Residence: No. Crisiptown Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write (he word) Single	21. DATE OF DEATH Aug. 25.1935 ₁₉₃ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from 1935 to Oug, 25, 1935
6. DATE OF BIRTH (month, day, and year) May . 10.1874	I last saw alive on aug 25, t, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, Labor SAWYER, BOOKKEEPER, etc.	membranous Lary nailes - 8/24/33
kind of work done, as SPINNER, Labor SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	(more diphthera)
10. Date deceased last worked at this occupation (month and year)	75.
12. BIRTHPLACE (city or town) Wva (State or country)	Other Contributory Causes of importance:
13. NAME Jackson • Lease 14. BIRTHPLACE (city or town) Wva (State or country)	Name of operation Date of What test confirmed diegnosis? Wes there an autopsy?
E 15. MAIDEN NAME Phoeble Cadwalder	23, If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) WVa (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT W.D.Lease (Address) Cresaptown. Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fort Ashby Dete Aug. 27.1936	Manner of injury
19. UNDERTAKER John (Wolf was a Carp of the County of the	24. Was disease or injury in eny way related to occupation of decessed?
20. FILE LANGE 2 6, 1925 Alexander Registrar.	(Signed) (Address) 13 20. Cembre St. Cumbreland,

(Address) 1 3 / 60. Clarific (d., Custo Carrier) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	------	-----	----------------	------------	----	-----------

state OCCUPA.

plnous Jo

item

1. PLACE OF DEATH

(a) Residence: No. 3

3. SEX

County allegen

Length of residence in city or town where death occurred

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (rurite the word)

St.6	~2 Ward				
	MEDIO	If n	ICATE O		
21. DAT	TE OF DE	ATHUM		30 (Day)	, 193 5 (Year)
22. Ac	I HE	REBY CE	RTIFY, to the	That I attend	ded deceesed fro
to have o		date stated above, OF DEATH and re		Cm.	a; deeth is sa
Were as f	yperi	Thrysoider Mugo an			Data of onse 1933 1934
Other Co	ntributory Cau	ses of importance:			

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.			04	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Y. PHYSICIANS should state Exact statement of OCCUPA-

D. Every item of infor-

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08437
1. PLACE OF DEATH	RPORATE LIMITS (5)
County Callaga WITHIN CO	Registration Dist. No.
Village or City Company	ND. 28 Creleand St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Gora man long	If U.S. Veteran specify WAR
(a) Residence: No. 28 Orchard St	St., 5 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Famale White Married	Month) (Day) (Year)
5a. If married, widowed, or divoced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Doc 39 1882	July 30 ,1935, to Surgard 11, 19.35. I ast saw h. e. elive on Common to ,1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
52 7 12 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Care anna of Right Breat De 1102112
9 Industry or business in which	Joseph John John John John John John John Joh
work was done, as SILK MILL, SAW MILL, BANK, etc	Mitastati Carenama Lever, May 193,
10. Date deceased last worked at this occupetion (month and year)	Lungo, and spirit
12. BIRTHPLACE (city or town)	Other Courributed Causes of importance:
(State or country)	Generality Uneman ?
13. NAME Shows Fray	Janualfie - aug 5/13
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME attarine Sray	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (atty or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Platone Still Gune Dete Trig 13, 1930.	Nature of injury
19. UNDERTAKER LOSSON STORY OF	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 8. 12 - , 1955 Jorgh P. Frankin U. S.	(Signed) Sumulal Jackson M. D. (Address) 1/9 Book At Al.
	2211 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	CONTROL	The principal cause of death and related causes of importance were as follows:		
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CEP 6 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

5	INI	T	ģ.
MARGIN RESERVED FOR BINDING	N. BWRITE PIAIMY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.
Ž.	ERM	EX	cla
K	A P	ed	perly
F	IS	stat	prol
3	HIS	pe	pe
KY	L	plno	may
SS 因	INK	sh	#
K E	YG.	AGE	that
Z	DIL		80
RG	NFA	plied	rms,
MA	5	dns	n te
7	TTH	ully	plai
	*	refi	l in
	Y.T.	e ca	ATH
	AL	ld b	DE
	PI	hou	OF
	TTE	on s	SE
-	-WE	nati	CAL
V. S. No. 1	B		1
S3	ż		

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 08438
1. PLACE OF DEATH	(82-a)
County allegan	Registration Dist. No.
Village or City Central Land	No. Same Gave, Cy Col St., S-2 Ward I death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyr	sds. How long U.S. If of foreign birth?yrsmosds.
2. FULL NAMEDOS Virginia Loug	If U.S. Veteran specify WAR.
(a) Residence: No. Taking Que Park	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH LUCY 3
+ w married	(Mopty) (Day) (Year)
5a. If married, widowed, or divorced	22. A HEREBY GERTTEN, That I attended deceased to
(or) WIFE of see w. Jong.	(luy) \$ 10 (key/3 193
6. DATE OF BIRTH (month, day, and year) Than 6. 1868	last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 5 7 1 day,hrs	THE I KINGII ALL CAUGE OF DEATH and I distributed to the personal and the
8 Trade profession or perticular	wara as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Certeras. Haterous libe
9. Industry or business in which	1/93
work was done, es SILK MILL, SAW MILL, BANK, etc	
e i ting decapation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (pity or town)	A Dalata any
(State or country)	I review way (83)
II 13. MANTE facob Tice	
7 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN North Floring Abussian 16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIQL ENCE) fill in also tha following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or couplry)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Seo W Fough	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Funderland 149	<u> </u>
18. BURIAL CREMATION, OR REMOVAL Comp. Date Gug 16, 193 J	Manner of injury
Millensmont Comp Date Chief 16, 1933	Nature of injury
19. UNDERTAKER Deing Stein dang	24. Was disease or indury in any way related to occupation of deceased?
(Address ber land mg.	If so, specify
20. FILED 8-15-35,19 Dough P. Franklin Ke	(Signed) M.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1985	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SEF 0 1933	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA.

STATE	OF	MARYL	AND-	CERT	IFIC	ATE	OF	DEA	TH

08439

1. PLACE	OF DEAT	TH			(181)	1
County_	ALI	LEGANY	WIT	HIN CORPO	RATE LIMITS Registration Dist. N	0
			nd , Md		No. Memorial Hospital death occurred in a hospital or institution, give its NAME insteadds. How long in U.S. if of foreign birth?y	
2. FULL P	NAME I	rs. Eli	zaheth	Lowery	If U.S. Veteran specify WAR	
				liams Rd.	SG1 ty Ward. If nonresident give city	
PERS	ONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX Femal		or or race	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word) O OWED	21. DATE OF DEATH August 24, (Month) (D	193. 5 (Year)
5a. If married, w HUSBAND ((or) WIFE (of		y (Dece	ased)	22) ULL HEREBY CERTIFY, The	at 1 attended deceased from
6. DATE OF BIR	TH (month, da	y, and year)	Oct. 24	,1858		, 19 LR.; death is said
7. AGE	Years 76	Months 10	Days	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2:258 m. The PRINCIPAL CAUSE OF DEATH and related causes of imwere as follows:	
9. Industry work SAW 10. Data dathis	or business in was dona, as MILL, BANK, ceased last wo occupation (mo	SILK MILL, etc	spar	Me (years) tt in this pation	The form	tur
	E (city or town)	Maryl		pation	Other Contributory Causes of Importance:	
		d Higgi	ns			1 2
		own) Msryl			Name of operation	Date of
L 14. BIRTHPI	te or country)	own)			What test confirmed diagnosis?	
	NAMEACE (city or to ta or country)		ne.	men en e	23. If death was due to external causes (VIOL ENCE) fill in ais Accident, suicide, or homicide Communication of the communication of t	injury 19.33
17. INFORMANT Memorial Hospital (Address) Cumberland?md 18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Oats Out 26, 1935					Specify whether injury occurred in ANDUSTRY, in HOME, or	in PUBLIC PLACE.
19. UNOERTAKE (Address	Bun	is Stir	Oata Uli	y Lo. 1933 ac Frankli	Nature of injury 24. Was disease or injury in any way related to occupation of if so, specify (Signed)	deceased?
1	,		/	Registrar.	(Address)	22

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis CEP R 1935	1921	Run over by street car	1 week ago	
	July 5, 1927	Peritonitis	3 days ago	
RIDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH USAGU
1. PLACE OF DEATH	POHATE LIMITE (92-0)
County Olled and	Registration Dist. No.
Village or City curribulation	No. 443 Tace St., 6-2 Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? 20 yrs. mos. ds.
Q 1 1/1	h.
2. FULL NAME Stevens Majac	however war apecify WAR.
(a) Residence: No. 443 Oface Stories (Usual place of abode)	St6 - Z Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE. 5. SINGLE, MARRIED, WIDOWED, OPHVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WHING O	22. 1 HEREBY CERTIFO hat I attended deceased from
" Valadeslow Malsane	any 1 35 10 cmy 1 35-
6. DATE OF BIRTH (month, day, and year) March 8 1864	I last saw h. A. alive on Cluf / 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above it - 9 - 2 - m.
7/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	00
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	monso value 1/80
SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	resert mance
this occupation (month and spant in this occupation year)	
	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	andrew Dear 1. To
13. NAME anthoma. Malachousk	i la co
14. BIRTHPLACE (city or town)	Name of operation 6
(State or country)	What test confirmed diagnosis? Curieul Was there an autopsy?
I 15. MAIDEN NAME LOS Ruser	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME JOSE ROLL OF TOWN	Accident, suicide, or homicide? Date of injury, 19
(State protomy) unknown	Where did injury occur?
17. INFORMANT Jeter Malachsuphi (Address) 445 Malachsuphi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Februare Car Date august 3, 1935	Nature of injury
19. UNDERTAKER Quie Stein Stein (Address) 17 Facille 16.	24. Was disease or injury in any way related to occupation of deceased?
() () () () ()	(Signed) MGBOWERS M. D.
20. PILED LLG 2, 1935 Nin Jan Jih and Che Registrar.	(Address) 133 244
· · · · · · · · · · · · · · · · · · ·	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1433	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Bunka			
Other contributory causes of importance:	A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state infor-

19. UNCERTAKER

1. PLACE OF DEATH

County.

STATE OF MARYLAND—CERTIFICATE OF DEATH 08441

5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the we

11. Total time (years)

spent in this

occupation ___

if LESS t

1 day,____.

Days

	/	ecity Walt-oran	***************************************	1000000000000000
St, 6 -	-Ward.	If nonreside	nt give city or tow	n and State
1	MEDICAL O	CERTIFICAT	E OF DEAT	-н
21. DATE			75	5
		(Month)	(Day)	, 193 (Yeer)
22. 1	HEREB	Y CERTII	That I atte	ended deceased f
alleg.		., 1955 , to	4	7
I last saw h	alive on	aug.	, 19	death is
		ted above, at		
The PRINCIPA' were as follows	:	ATH and related ca	7 4 6	Data of 6r
Chro	me onl	ishows	Dear to	en 4/1/
Chron	ue Br	onchile	10515	192
Other Contribn	tory Canses of Im	portance:		11.05
		20		
Name of operat			Dat	
What test confi	rmed diagnosis?	7000	Was the	ra en autopsy?
23. If death was	due to external c	auses (VIOLENCE)	fill in also the fol	llowing:
Accident, suicid	le, or homicide?_		_ Date of injury	, 19
Where did inju	ry occur?	(Specify city	or town, county as	nd State)
				Id Diale/

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CFP 8 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

_	
o o	
No.	
802	
-	

1. PLACE OF DEATH County	VITHIN SURFORM	210.2	08	344
Village or City			Registration Dist. No	<i>-</i> {
	(II	No. I death occurred in a horpital or institution, g	ive its NAME instead of street as	Mar war war
Length of residence in city or town where death occ	urfed 2 yrs mos		ign birth?yrs	_mosd
2. FULL NAME and	I. Mch	Tuine		
(a) Residence: No. / S Vary 9	J.	St., Ward.		
PERSONAL AND STATISTICAL	PARTICULARS		If nonresident give city or town a IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SING	GLE, MARRIED, WIDOWED,	21. DATE OF DEATH	3	
Male Whit ORI	DIVORCED (write the word)	8	- 2	193 5
5a. If married, widowed, or divorced HUSBAND of	- My	- (Mo	onth) (Day)	(Year)
(or) WIFE of		22. I HEREBY CI	ERTIFY, That I attende	ed deceased fro
6. DATE OF BIRTH (month, day, and year)	- > 10		, to	, 19
	Days If LESS than	I last saw h alive on to have occurred on the date statad abov		; death is sai
28 9	4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and		
8. Trade, profession, or particular	ormin.	were as follows:		Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ile Wahn	alletala - 7	roctured	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	200 +	Strill	Dead whe	
10. Date deceased last worked et	1. Total time (years)	first exe	mued	
this occupation (month and year)	spant in this	J		
12. BIRTHPLACE (city or town)	4	Other Contributory Causes of importance	:	
(State or country)	L Red			
13. NAME Peter Me	Tuise			
14. BIRTHPLACE (city or town)	ton	Name of operation	Date of.	
(data of country)	a mi	What test confirmed diagnosis?	Was there a	n autopsy?
15. MAIDEN NAME Margaret	Lgan	23. If death was due to external causes (Vi	IOLENCE) fill in also the following	ing:
16. BIRTHPLACE (city or town)	Isa)	Accident, suicide, or homicide?	Date of Injury	8-,19.3
(State or county)	O. Ma	Where did injury occur?	pecify city or town, county and S	
(Address)	J. Siline	Specify whather injury occurred in INDU	STRY, in HOME, or in PUBLIC F	LACE.
8. BURIAL, CREMATION, OR REMOVAL	acq	760	of Tongo was	Tak to
Place Date	au 5,1935	Mannar of injury 7.43	6 1/211	1
A HADEDTAKED 9-0 (ND es	X/			h.
9. UNDERTAKER (Addiass)	2. 2. 1	24. Was disease or injury in any way ralat	red to occupation of daceased?	/.1.0
1935 Q.R.	Noch	(Signed) W. alhey	Van orme	7 M f
V. 1122				//

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis SEP 5 1635	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

D. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08443
1. PLACE OF DEATH	72.2
County allerones.	Registration Dist. No.
Village or City / plystbushes/	No. Marin's Hastitast Ward
_ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	2 ds. How long in U.S. If of foreign birth?
2. FULL NAME Carl Euggsty III	LEFY'S. Veteran specify WAR
(a) Residence: No. Westernshort, Mo	St, Ward.
(Usual biccord abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Lug 5 1935
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
Variation (Variation)	may 2 ,1933, to aug) , 1933
6. DATE OF BIRTH (month, day, and year) Word 1(1925	liast saw bears, alive on; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 222A_m,
0 3 2/1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	the total above
SAWYER, BOOKKEEPER, etc.	and merions
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1933
0 10. Date deceased last worked at this occupation (month and spent in this	(Leutopania in type)
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Healiemph of	One Coad sales, Carrie of Importance.
(State or country)	
13. NAME and 13. Malley	
13. NAME (a) 13. Miller 14. BIRTHPLACE (city or town) Burlington	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 22
15. MAIDEN NAME Mellie Sentry 16. BIRTHPLACE (city or town) Pelson (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country) M. A.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / QUICE M.	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Westung of .	Manage of Indian
Place Menter, 4. Ya Date ang 9, 1935	Menner of injury
1 A - (1) - A - Kh.	7-3
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of decoased?
86 - 00 8000	(Signed WOM Jarok M. D.
20. FILED 1935 Registrar.	(Address) in a legislation
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

death and related causes			
follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
DECFIVED	1915	Attack of epilepsy	1 week ago
tis	1921	Run over by street car	1 week ago
SFP 5 1995	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
ses of importance:	2	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
OSEITO DE L'ELE			
	SEP 5 1995 BUREAU V. S.	BUREAU V. S. BUREAU V. S. BUSES of importance:	Attack of epilepsy lis 1921 Run over by street car SEP 5 1990 July 5, 1927 Peritonitis BUREAU V. S. Other contributory causes of importance:

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08444
1. PLACE OF DEATH	(17:0)
County ally and	Registration Dist. No.
Village or City Santhurge	No. Miner Laskolal St. Ward
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence to city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Nade It Mille	<u> </u>
(a) Residence: No. (C G 3 2 C C C (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word) The state of	21. DATE OF DEATH (Mighth) (Day) (Year)
(or) WIFE of Mes Wade Fredmenster my	2. I HEREBY CERTIFY That I attandad decaased from
6. DATE OF BIRTH (month, day, and year) Jana 19-188.T	I last saw handlive on Company of the said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
0 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
& Trade, profession, or particular kind of work dona, as SPINNER.	of trussucce blong.
SAWYER, BOOKKEEPER, etc.	Interested to
work was done, as SILK MILL, Ore Camp	of Chi Orena II C'ahate
10. Date deceased last worked at this occupation (month and spent in this	Christal Com
year) occupation	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) / estmuselee)	
(State or country)	gasher cole, gret
13. NAME Vantuel Muller	fleter had beauty a
13. NAME Samuel miller 14. BIRTHPLACE (city or town) Westmineter md.	Name of oparation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Violet Virginia Caple	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME Violet Virginia Caple 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT X Mago Ty C Williams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Nestweesley Date Many 15 -, 193 1	Nature of Injury
19. UNDERTAKER J. J. Company (Address)	24. Was disease or injury in any way related to occupation of deceased?
ET COSTUMENT	(Signed) M. D.
20, FILED 192 (192 Registrar.	(Address) Thirthan I Jud.
If more blocks are madel all Co. D.	N. C. L. C. D. L.

more blanks are needed, address State Kegistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows: CEIVEI Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis GEP 5 1635	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago	
RUPEAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL S	PACE FOR FURTH	ER STATEM	ENTS BY PH	YSICIAN	
	Information	in sed for	m mesi	Wade A.	miller	
	U					

County Village or Ci	ty Cumber		THIN CORPO	No. Registration Dist. No. St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of resid	dence in city of own where	death occurred		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NA	ME tryla	ent	Tuche		
(a) Residence	ce: No. 5//	Watal place o	and au	St., 5 Ward. If nonresident give city or town and S	S
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Mate
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR	tied, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	193 35 (Year)
5a. If married, widow HUSBAND of	ed, or divorced				(,
(or) WIFE of				22. I HEREBY CERTIFY, That I attended d	leceased from
6. DATE OF BIRTH (month day and year)	8-16-35		2	: death is said
7. AGE Year		Oays	If LESS than	to have occurred on the date stated above, at 8:10 A.m.	, 404111 10 5414
100	0	Hoays	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0
8. Trade, profes	sion, or particular ork done, as SPINNER,	0		19	Oate of enset
SAWYER,	BOOKKEEPER, etc			Longinital deformily	
work was	business in which done, as SILK MILL, L, BANK, etc			Infufrate lenns.	
10. Date decease	ed last worked at pation (month and	11. Total tir	t in this	1	
I2. BIRTHPLACE (cit (State or coun	y or town) Cum	BERLAN	o Mo	Other Contributory Causes of importance:	
₩ 13. NAME	Diwing E	LWOOD Mi	TENEW		
13. NAME 14. BIRTHPLACE (State or		LD.		Name of operation Roll of Gunda Oate of S What test confirmed diagnosis? Was there an au	2.17.3
15. MAIOEN NAI	ME Livings	XUERES:	A BARNUIN		
15. MAIOEN NAI 16. BIRTHPLACE (State or		U. Ve		Accident, suicide, or homicide? Oate of injury Where did injury occur?	
17. INFORMANT (Address)	WEN	CHEN		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE,
18. BURIAL, CREMAT	ION, OR REMOVAL CO	Date all	9. 20, 19 3 S	Manner of injury	
19. UNDERTAKER	0018 5	TELES, H	and and	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	Cumor	W Weeks	THU	il so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUIDCALL V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

	infor-	state
)	tem of	should
4	b. Every	IXSICIANS
	REC	. PH
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A I	stated
Ü	HIS	pe
RESERVI	NG INK-T	AGE should
MARGIN	I UNFADI	supplied.
	WITH	refully
	AT	e ca
	PLAI	hould b
V. S. No. 1	B.—WRITE	mation s.
, (3)	Z	1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

1. PLACE OF DEATH	92:00
WITHIN CO	ORPORATE LIMITS Designation Diet No.
County Melyany	Registration Dist. No.
Village or City Combuston	NoSt.,War
Length of residence in city or town where death occurredyrs.	
2. FULL NAME Puttie mondon	MM , If U.S. Veteran specify WAR MML ?
(a) Residence: No. 2/7 2 and Almale	St. Ward.
(Usual place of abode	
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
SEX 4. COUR OF RACE S. SINGLE, MARNIED, W	
OR DIVORCED (write	193 2
. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fro
James andings	Jug 19, 19 30, to cong 21, 19 3
DATE OF BIRTH (month, day, and year)	1 last saw home elive on ang 21, 1, 1935; death is sai
	LESS than to have occurred on the date stated above, at 12:45 14 m.
	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade profession or perticular	were as rollows: Data of ones
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Le Japa
9. Industry or business in which	(1,93
work was done, as SILK MILL, SAW MILL, BANK, etc.	Page 2
D. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Dther Contributory Canses of Importance:
BIRTHPLACE (city or town) Oldfran	Personal Castina Miss
(State or county)	1.00
13. NAME Allan Lile.	
IN I de-	more
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
INFORMANT Comes may may mem	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
Place Sman Land Date Ing 2.	Manner of injury
1 local and a second a second and a second a	Neture of injury
9. UNDERTAKER Longs Stern Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address) Combuland	If so, specify
0 FILED 8-22-3519 South P. Frankin	(Signed) large C. Hallowand M.
J. FILED ST. T. S.	Registrar. (Modress) 145-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City Curr (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth? (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) m arrie (Month) 5a. If married, widowed, or divorced HUSBAND OF 22. (or) WIFE of 94 24 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months Days to have occurred on the date stated above, at I day, ---- hrs 4 41 16 or____min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) Va (State or country) FATHER 13. NAME See Name of operation 14, BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important. 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?.. plnods very 17. INFORMANT _ OF (Address) neals 18, BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE 02 CAUSE mation Qu. Date. MOIL

Registrar.

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset Was there an autopsy? 222 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Nature of Injury_.. 24. Was disease or injury In any way related to occupation of If so, specify (Signed). (Address) If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

m

19. UNDERTAKER

20. FILED_

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
24			
Other contributory causes of importance:	16 4 4000	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year
·		Kapatina di Kapati	

	. PLACE OF DE		ny	Quiside (Koon 08 Registration Dist. No.	440
	Village or City			-City-Limi	David 7	Ward
					f death occurred in a horpital or institution, give its NAME instead of street and t	number)
		Mary .H .			sds. How long in U.S. if of foreign birth?yrsme	
2	. FULL NAME_				If U.S., Veteran specify WAR	************
	(a) Residence: No	. 0)263	(Usual place	of abode)	St, Ward. If nonresident give city or town and	State
	PERSONAL A		ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
1	Female	White	5. SINGLE, MAI OR DIVORCI Mari	RRIED, WIDOWED, ED (write the word) ed	21. DATE OF DEATH Aug. 28.1935 (Month) (Day)	, 193 (Yaar)
5a.	If married, widowed, or of HUSBAND of (or) WIFE of	Ivia. On	eal		22. I HEREBY CERTIFY, That i attended	deceased from
6 1	DATE OF BIRTH (month,	day and year)	Nov.29	.1871	Hast sawh Y alive on any 76 1931	; death is sai
_	AGE Years	Months	Days	if LESS than	to have occurred on the data stated above, at 9.5 m. Pm	
	63	9		1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onse
NO	8. Trade, profession, or kind of work do SAWYER, BDOKI	r particular na, as SPINNER,	House W	ife	Urency Coura	any 2
CCUPATION	9. Industry or busines				-	1931
000	10. Dato deceased last this occupation (worked at		time (years) ent in this upation		-
12.	BFRTHPLACE (city or town (State or country)	vn)	Pa		Other Contributory Causes of Importance:	1931
~	13. NAME Abr	am Ash		SARVE		
ш	14. BIRTHPLACE (city o	r town)	Pa		Name of operation Date of	
ATHE		y)			What test confirmed diagnosis? Was there an a	utopsy?
-	(Stata or country	15. MAIDEN NAME Virginia. Wilson.				12
HER	15. MAIDEN NAME			son.	23. If death was due to external causes (VIDLENCE) fill In also the following	
HER	15. MAIDEN NAME	r town)		gon.	Accident, suicide, or homicide? Data of injury	
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city o (State or country)	r town)y)	Md			, 19
_	15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country)) INFORMANT Almost (Addross) BURIAL, CREMATION, O	rtown)y) via.Onea mberland r removal	Md Md Ro		Accident, suicide, or homicide? Data of injury Whera did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
17.	15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country)) INFORMANT Almost (Addross) BURIAL, CREMATION, O	rtown)y) via.Onea mberland r removal	Md Md Ro	ut 3	Accident, suicide, or homicide? Data of injury Whera did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 2 7 19	30 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon	The second secon		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	3 days ago

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

N. B.—WI mati CAI TIO	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.	FADING INK—THI lied. AGE should be ms, so that it may be structions on back of	H UNFADING INK—THIS IS A PERMANENT supplied. AGE should be stated EXACTL in terms, so that it may be properly classified. See instructions on back of certificate.
--------------------------------	--	---	--

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Allegany Co. WITHIN CORP	ORATE LIMITS (8)
Village or City COMBERVAND	No. How loss in II. S. If of forth by high states and number) Registration Dist. No. St., Ward death occurred in a hospital or institution, give its NAME interest and number)
2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH 17
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8 - 17 - 35 7. AGE Years Months, Days If LESS than	I last saw h aliva on death is said to have occurred on the date stated above, at
delle de la day,	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Prematirity 2 mo.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	4
10. Date deceased last worked at this occupation (month and yaar)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) HLLECONY (State or country) COMBERLAND MR	
13. NAME BRANK SHANLOTZ	
13. NAME BRANK SHANLOTT 14. BIRTHPLACE (city or town) U. U.S. (State or country)	Name of operation
15. MAIOEN NAME HAZEL POLAND 16. BIRTHPLACE (city or town) WINCHESTER, UR.	23. if death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) WINCHESTER UB. (State or country)	Accident, suicide, or homicide?
17. INFORMANT MAZEN JOO Sephort Dive.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
PER CHARLES ON ON REMOVAL DE COLOR OF THE 1935	Manner of injury
19. UNDERTAKER (Address)	24. Was diseasa or injury in any way related to occupation of decaased?
20. FILED LIG 17., 1935 Als Jan S. Registrar.	(Signed) At there to faces M.O. (Address) 45 22 fill 22 7 3 7:
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 6 1985	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SHIRFALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Village or City Village	STATE OF MARYLAND	CERTIFICATE OF DEATH US430
Village or City Villag	1. PLACE OF DEATH	<u> </u>
Length of residence in city or town where geath occurred. Length of residence in city or town where geath occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WHOOVED, OR LIVERED (with the word) 5a. If married, widowed, or divorced (Windle or	County allecany	Registration Dist. No.
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. (Usual place of about) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR BUYORCED (right the word) 5a. If married, widowed, or divorced (Usual place of about) 6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months 10 Ays, Int. 1 Action of BIRTH (month, day, and year) 22. HIESS than 1 Action of BIRTH (month, day, and year) 23. (9 3.) 1 Isst saw h 1 Isst saw	Village or City Too thing	No. Fack are & Ward
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, Or gire the word) 5. If married, widowed, or diworced divorced (cyr) wife of core with the word) 6. DATE OF BIRTH (month, day, and yeer) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPIRNER, bind of work done, as SPIRNER, work was done, as SPIRNER, shind of work done, as SPIRNER, shind of work done, as SPIRNER, work was done, as SPIRNER, shind of work done,	/ (11	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DRYCKEED (wire the world) OR DRYCKEED (wire the world) OR DRYCKEED (wire the world) 5. LIT matried, widowed, or divorced (or) wife or (or) wif	Length of residence in city or town where death occurredmos.	ds. How long in U.S. it of foreign Dirth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DY OKCED Capite the word) D. DY OKCED Capite the word OR DY OKC	2. FULL NAME Shell Com	child) wester
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR GR RACE 5. SINGLE, MARRIED, WIDOWED, ORD DYORCD (spirct he word) 5. If married, widowed, or divorced Husbard or (cr) wiff of color with the state stated above, and yeer) 5. DATE OF BIRTH (month, day, and yeer) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which was done, as SIK MILL, Separation of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which was done, as SIK MILL, Separation of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which was done, as SIK MILL, Separation of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which was done, as SIK MILL, Separation of work done, as SIK MILL,		St., Ward.
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OBLUVURCED (regire the word) 52. If married, widowed, or divorced HUSSAND or (or) WITE of Wilson or Old Wilson or Ol		
Sa. If matried, wildowed, or divorced HUSBAND of Cory WiFe of 22. HYEREBY CERTIFY, Ibertatended decessed from 19 To 19		
59. If married, widowed, or divorced HUSBAND or Corr WIFE of Corr WIFE	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Muy 38 1935
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Oays ITLESS than 1 day. hrs. or. min. 8. Trade, profession, or particular (some standard) or. min. 8. Trade, profession, or particular (some standard) or. min. 9. Industry or business in which (same standard) or. min. 10. Oate Geographic (month and year) 10. Oate Geographic (month and year) 11. Total time (years) (specify or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date 19. UNDERTARE (Address) 19. UNDERTARE (Address) 19. UNDERTARE (Address) 19. UNDERTARE (Address) 19. UNDERTARE (Signed) 11. Is sas wh a glaw on the sale was a fall was not a glaw on the sale was a fall was not a glaw on the sale was a fall was not a glaw on the sale was a fall was not a glaw on the sale was not a glaw on th	5a. If married, widowed, or divorced	(Month) (Day) (Year)
7. AGE Years Months Oays If LESS than I day,	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Ibet attended deceased from
7. AGE Years Months Oays If LESS than I day, hrs. or min. 8. Trade, profession, or particular soft of the second of the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related cayes of importance were as follows: 8. Trade, profession, or particular soft of the second of the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related cayes of importance were as follows: 8. Trade, profession, or particular soft of the second of the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related cayes of importance were as follows: 9. Industry or business in which social s	E DATE OF BIRTH (month day and year) Quy 30 1935	Hast saw h alive on 8 30 19 50 death is said
8. Trade, profession, or particular in the parti		/5 LE/
8. Trade, profession, or particular kind of work done, as SPINNER, SWYER, BOKKEPER, etc 9. Industry or business in which worked at this occupation (month and year) 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Stee or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Date Date (Address) 19. UNDERTAKER BURGED ARRELMENT (Address) 19. UNDERTAKER BURGED ARRELMENT (Signed). (M. D.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Salver S	2 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) City or town) City or town) City or town	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hellbarn, 1
12. BIRTHPLACE (city or town) City or town) City or town) City or town	9. Industry or business in which work was done as SILK MILL.	macuated factus
12. BIRTHPLACE (city or town) Cause of importance: 13. NAME	SAW MILL, BANK, etc.	4
Other Contributory Causes of Importance: Other Contributory Other Causes of Importance:		
(State or country) 13. NAME 14. BIRTHPLACE (city or town)	Tan Than	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date		
What test confirmed diagnosis? Was there an eutopsy???? Was there an eutopsy???? Was there an eutopsy???? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? (Specify city or town, eounty and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date A. R. Marken (Signed) Was there an eutopsy???? Was there an eutopsy???? Was there an eutopsy???? Was there an eutopsy???? Accident, suicide, or homicide? Date of Injury Netre did injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Garage A. R. Marken (Signed) Was there an eutopsy???? Accident, suicide, or homicide? Date of Injury Neture of injury occurr? 24. Wes disease or injury in any way related to occupation of deceased? M. D. Company of the public place of injury in any way related to occupation of deceased? M. D. Company of the public place of injury in any way related to occupation of deceased? M. D. Company of the public place of injury in any way related to occupation of deceased? M. D.		
What test confirmed diagnosis? Was there an eutopsy???? 15. MAIOEN NAME 16. BIRTHPLACE (city or town)	I IS. NAIME	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date	14. BIRTHPLACE (city or town)	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Address) 19. UNDERTAKER (Address) 20. FILEO 19. UNDERTAKER (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) R. Hacker M. D.		
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Address) 19. UNDERTAKER (Address) 20. FILEO 19. UNDERTAKER (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) R. Hacker M. D.	I 15. MAIDEN NAME	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Address) 19. UNDERTAKER (Address) 20. FILEO 19. UNDERTAKER (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) R. Hacker M. D.	16. BIRTHPLACE (city or town)	1 100 100 1
18. BURIAL, CREMATION, OR REMOVAL Place Turs thing Date So 1935 Neture of injury 19. UNDERTAKER Bund Putton (Father) (Address) 20. FILEO 30 1935 Q. R. Marker (Signed) (Signed) Manner of injury Neture of injury 24. Wes disease or injury in any way related to occupation of deceased? No (Signed) M. D.	B. I D	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Neture of injury Neture of injury 19. UNDERTAKER (Address) 20. FILEO 19. To Charles (Signed) Manner of injury Neture of inj		Specify whether injury occurred in INOUSTRI, in HOME, of in Public Place.
Place Date Date Neture of injury 19. UNDERTAKER Burd Putty (Fathy) 24. Wes disease or injury in any way related to occupation of deceased? No lf so, specify 20. FILED 30, 1935 Q. R. Warken (Signed) Q. R. Harken M. D.		Manner of injury
19. UNDERTAKER Bennal Preston (Father) (Address) 24. Wes disease or injury in any way related to occupation of deceased? No If so, specify (Signed) (Signed) M. D.	Place 7 is thing Date 00 1931	
19. UNDER I AKER (Address) 20. FILEO 30 1935 A. P. Wacker (Signed) C. R. Hacker M. D.	Beneral Parter (Father)	24.
20. FILED 730 1935 a. P. Wacken (Signed) C. R. Hacken M.D.		-
	V/30 at a.R Marken	C. P. Holes
		(Address) Two thing his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

00120

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREALI V. S.			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 9
Village or City # 1 (No. 24	Y St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Yelovila am	Rafforty number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 8 - 34 - 35 , 1935
6 DATE OF BIRTH 23	17 I HEREBY CERTIFY, That I attended the deceased from
8 - 74-35.1	9-23-35 192 . to 8-24-35 , 192 ,
(Month) (Day) (Year)	that I last saw h 2 alive on 9-24-35 , 192 ,
7 AGE 14 Roms If LESS than I day /4hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Corehal Laboratory following
which employed or (employer) 9 BIRTHPLACE	Contributory Secondary
(State or country) Handling, md 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) md.	(Signed) (Duration) yts mos ds. (Signed) (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER VIOLE TYPE 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos, ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Grald Norbert Pafferty (Address) Harthang mell Filed 24 1985 R. P. Harken	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Catholis Cenetlery 29 UNDERTAKER ADDRESS Herself ADDRESS Herself ADDRESS
Registrar If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY 'telunus') may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
County allegany.	Registration Dist. No.			
Village or City Frostburg Mch.	No. Miners Host . Sil Was			
(If Length of residence in city or town where death obcurredyrsmos	death occurred in a hospital or institution, give 15 NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs mos. di			
2. FULL NAME Miscarriag, 4 Milos	>			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from 19			
6. DATE OF BIRTH (month, day, and year) 8-28-35				
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.			
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
8. Trade, profession, or particular kind of work done ass@PINNER	Date of onse			
Kind of work done, asymptinner, SAWYER, BOOKKEEPER, etc.	` \\`)			
9. Industry or business jn which work was done, at SILK MILL, SAW MILL, BANK, etc.	p/A-/			
kind of work done, as PINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK-etc. 10. Date deceased last Worked at this occupation (month and year) 11. Totel time (yeers) spant in this occupation				
12. BIRTHPLACE (city or town) - Frostlewy Mrs. (State or country)	Other Contributory Causes of importance:			
13. NAME Rause J. Rielandoson.				
14. BIRTHPLACE (city or town) Vale Semmi Just.	Name of countries			
(State or country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME alier Klosternian	23. If death was due to external causes (VIDL ENCE) fill in also the following:			
15. MAIDEN NAME alice plotermen 16. BIRTHPLACE (city or town) Celebrat Jun. (State or country)	Accident, suicide, or homicide? Date of njury, 19			
17. INFORMANT Mealler (Address)	(Specify city or Jown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION OR REMOVAL Place Drouteurg, her Date 8-28, 1935	Manner of injury			
19. UNDERTAKER Addressly	24. Was disease or Injury In any wey related to occupation of deceased?			
20. FILED 8/31 , 1935 Q.R. Walker Registrar.	(Signed) To Clubb. M. I (Address) Frotleway, Type			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ž	S. No. 1			F	[ARG]	Z	RES	ERV	ED	FOR	BIN	MARGIN RESERVED FOR BINDING	
B	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	VINEY	, W.	TH	UNFA	DIN	G II	VK-T	HIS	IS A I	ER	MANEN	E
1.	mation should be carefully supplied. AGE should be stated EXACTLY	l be ca	refu	lly s	upplied	A .	GE	pluods	pe	stated	EX	ACTI	Y.
T	CAUSE OF DEATH in plain terms, so that it may be properly classified.	EATH	l in]	plain	terms,	so t	hat	it may	pe	properl	ly cl	assified.	
7	***************************************			2									

County Allegany WITHIN CORPORA						Registration Dist. No.		
Village or City Cumberl and, Md.						No. Momorial Hospital St., 2 War f death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs,mos.						sSds. How long in U.S. If of foreign birth?yrsmosd		
2				ard Rigg x, Maryle (Usualplace	and	St., Ward. If nonresident give city or town and State		
	PERSO	NAL AN	D STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH		
3. S	ale	4. COLO	R OR RACE White	OR DIVORC	RRIED, WIDOWED, ED (write the word) Pried	21. DATE OF DEATH August 19, 1935 (Month) (Day) (Year)		
5a.	If married, wide HUSBAND of (or) WIFE of			v Riggle	eman	(Month) (Day) (Year) 22. I HEREBY CERTIFY That I attended deceesed from 19-35, to 17-, 19-3		
6. DATE OF BIRTH (month, day, antiplant 1883						i last saw h Asmalive on 8 - 19 - 1935 death is sa		
7. AGE Years Months Days If LESS than I day,hrs.					If LESS than I day,hrs.	mero as follows:		
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation.					1 01-1111	Date of onse		
						1 5 F1/2		
					time (years) ent in this upetion			
12. BIRTHPLACE (city or town) W. VA. (State or country) 13. NAME Miles Riggleman						Other Contributory Course of Importance:		
						The state of the s		
13. NAME Miles Riggleman 14. BIRTHPLACE (city or town) West Virginia (State or country)					inia	Name of operation Dete of Dete of Whet test confirmed diagnosis?		
H H	15. MAIDEN N	AME AY	ngeline	Rhorba	ugh	23. If death was due to external causes (VIOLENCE) fill In also the following:		
MO		CE (city or to or country)	wn) Wes	t Virgi	nia	Accident, suicide, or homicide?		
17. INFORMANT Memorial Hospital (Address) Cumberland, Md.						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREM	COLLEGE	bart!	pate au	92/1935	Menner of injury		
19.	UNDERTAKER _	0.	7. 1	aspl	ess	24. Wes disease or injury in any way releted to occupation of decessed?		
20 (Address) Blane WVI					24 /	If so, specify (Signed)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of vears the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	-------------------	----	-----------

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

5. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 084	54
1. PLACE OF DEATH	93-6	
County alleghang.	Registration Dist. No.	
Village or City Intalhang md.	No.	Ward
/2/ 2 (16)	death occurred in a hospital or institution, give its NAME instead of street and num	nber)
Length of residence in city or town where teeth occurred by yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Caroline Kelheln	n Robeson -	
(a) Residence: No. of of Centennial	St., Ward.	
/ (Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	aug. 1.	935
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of James H. Roberson	22. I HEREBY CERTIFY, That I attended dec	ceased from
6. DATE OF EIRTH (month, day, end year) Age 2 0 1850	I lest saw h alive on may 15 4 , 19 ;	deeth is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 45 din.	
84 / / ldey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:	Dete of onset
8. Trade, profession, or particular	myolordial degleration	Jeano Io eset
kind of work done, es SPINNER, Lagrantonk	With lemina Cordial	
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked et 11. Total time (years) this operantion (month and	Jarline	
SAW MILL, BANK, etc		
o this occupation (month and 1934 spent in this by year)		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Chone alland	
E May 3 1:		
14. BIRTHPLACE (city or town)	Name of operation Date of	
15. MAIDEN NAME Tacheal & shins	What test confirmed diagnosis?	opsy?
to al Or	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	10
O 16. BIRTHPLACE (city or town) State or country)	Where did injury occur?	, 19
1000 1000	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
17. INFORMANT (Address) - A thank mo.	Specify whether injury occurred in INDUSTRI, in ROME, of in Public Place	E.,
18, PURIAL, SREMATION, OR REMOVAL	Manner of injury	
Place for the for my Date 1814 3 - , 1935	Nature of injury	
19. UNDERTAKER D. J. Boal (Address)	24. Was disease or injury In any way releted to occupation of deceased? If so, specify	-
20, FILED 8/2 1955 a.R. Walker	(Signed) W- alfred V on lumes	M. D.
20. FILED Registrar.	(Address) Hothing mil	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	o.	YSI	stat	1
	REC	. PH	Exact	
MARGIN RESERVED FOR BINDING	-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT REC D.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stat	
FOR B	IS A PE	stated E	properly	certificate
ED ED	HIS	pe	pe	Jo
SERVI	NK-T	plnous	it may	on back
RE	NG I	AGE	that	Suo
ARGIN	UNFADII	ipplied.	terms, so	TION is very important. See instructions on back of certificate.
Ī	WITH	efully su	in plain	ant. See
	AINTY,	d be car	DEATH	y import
-	TE PL	shoul	E OF	is ver
٠,	-WRIT	mation	CAUS	LION

S	TATE OF	MAR	YLAND-	CERTIF	ICATE			08450
1. PLACE OF DEA		WI	HIN CORPO	PATE	- 92-0	Dr R.h	1008	#
County	Allegany							
Village or City	Cumberl	and. M		No	06 Balt			, 3 Ward
Length of residence In ci	ty or town where dea	th occurred						
2. FULL NAME	Eliza.	C.Robi	nette	If I	J.S. Veteran spe	ecify WAR	***************************************	
(a) Residence: No	Cumberl	and. M	d	St.,	Ward.			
DEDCONAL AND	ID CTATICTIC	(Usual place		l l	MEDICAL C		t give city or town	Marie Control of the
PERSONAL AN			RIED. WIDOWED.		OF DEATH	ERTIFICAT	E OF DEAT	П
	hite	or Divorce	D (write the word)	ZI. DATE	OF DEATH	Aug (Month)	(Day)) 193 (Year)
5a. If married, widowed, or dive HUSBAND of JO (or) WIFE of	hn .C .Rob	inette		22.	HEREBY	CERTIF	Y, That I etter	nded deceased from
6. DATE OF BIRTH (month, de	y, and year) NO	v.24.1	.853	I last saw h	T alive on	aug. 18	, 19	; death is seld
7. AGE Years	Months	Days	If LESS than		ed on the date state			
31	8	26	1 day,hrs.	The PRINCIPA were as follows:	L CAUSE OF DEAT	TH end related cau	ses of importance	Date of onset
8. Trede, profession, or p. kind of work done, SAWYER, BOOKKEE	es SPINNER, A	t Home		A-0-			j	2
kind of work done, SAWYER, BOOKKEE 9. Midustry or business in	PER, etc			Couque	te de	2covyu	wallen	rug)
9. Industry or business in work was done, es SAW MILL, BANK,	SILK MILL, etc			- CQ	mital n	egura ita tu	on Coclorate	5
10. Date deceased last wo this occupation (mo year)	nth and	Sp6	time (years) ent in this upation	- Scartenici	2177644443.28	Juli Cev	FR.	
12. BIRTHPLACE (city or town)			M.a	Other Coatriba	tory Canses of Imp	ortance:	0	5
(State or country)			MO	Carrol	ide &	yterto	the	
13. NAME Johns	on. Hend	rickso	n.				/ ()	
14. BIRTHPLACE (city or to	own)		Md	Name of operat	tion/_	Vous	Date	01
(State or country)		a		What test confi	rmed diagnosis?_	My Cya	Was there	e en eutopsy?
15. MAIDEN NAME PE	elscilla.	Smouse		23. If death was	due to external ca	uses (YJOLENCE)	fill in also the foll	owing:
16. BIRTHPLACE (city or town) Md (State or country)			-	de, or homicide?		. Date of injury	, 19	
17. INFORMANT JOE	n.Robine				er Injury occurred i	(Specify city of	or town, county and IOME, or In PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR I	REMOVAL		.20.1935	Manner of inju				
19. UNDERTAKER		ford			or injury in any v	way related to occu	pation of deceased	j?
26 FILED CO 19.		Va St	Translote Registrar.	(Signed)_		Cumbe	dalen	MAD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	71	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis SEP 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

AGE should be stated EXACTLY. PHYSICIANS should state

. Every item of infor-

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAIN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00450
County alleaans	Registration Dist. No.
Village or City R. 7 A #2 Fresthurg	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrsmos.	
2. FULL NAME John Henry Ros	senberger.
(a) Residence: No. (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH /
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	19 to
6. DATE OF BIRTH (month, day, and year) 0-5-1919	l last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
15 10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows:
8 Trade profession or particular	Date of one et
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	drowning: he had
9. Index of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, Pull SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and spent in this spent in this	gone in bathing and from taken with
10. Oata deceased last worked at this occupation (month and spant in this occupation and spant)	cramps.
a Head	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	to boot was not involved.
E O HOW	
14. BIRTHPLACE (city or town) (State or country)	, Name of operation
15. MAIOEN NAME CARRE STATE	What test confirmed diagnosis?
Ξ	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida?
16. BIRTHPLACE (city or town) (State or country)	
O O D	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Of The Address A Township A	Specify whether injury occurred in INOUSTRY, IN HOME, OF TH PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Drown
Place Date Date 1933	Nature of injury
19. UNDERTAKER SEON SOLO	24. Was disease or injury in any way related to occupation of deceased?
(Address) frosture w.	If so, specify Illih Veryaling an Cot only up
20. FILED 1985 91 10 18 (All Registrar.	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write house answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 5 198	5 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V	. S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should

supplied.

should be carefully

mation

-WRITE PLAINLY,

p

ż

certificate.

jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

MOTHER

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

(Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

of OCCUPA-

Exact statement

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08457
1. PLACE OF DEATH	(025)
County Allegan WITHIN COR	PORATE LIMITS (07-20) Begistration Dist_No.
Village or City (If	No. S + 8 / No. Sept. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME And Baroley Jean	process febran Kerly WAR.
(a) Residence: Np. 848 mt Retal Que	St. Wafe.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jaky Mendeals	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and years 16 23, 1864	I last saw h Aufliva on Color State 1935; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
21 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Brough (menneum leges 3)
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Hadustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data daeased last worked at	
10. Data dacaasad last worked at this occupation (month, and year) year) 11. Total time (years) spent in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) (State or country) Parland	Other Contributory Causes of importance: Cuccasl. 1934,
13. NAME plan Barday Searberry	
14. BIRTHPLACE (city or town)	Nama of operation

14. BIRTHPLACE (city or town) Nama of operation (Stata or country) What test confirmed diagnosis2. 15. MAIDEN NAME 23. If death was dua to axtarnal causas (VIOLENCE) fill in also the following: 16. BIRTHPLACE (gity or town)

Accidant, suicide, or homicide?. Whara did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of Injury

If so, spacify

(Signed). (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SFP 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Hawkins - Dr. ENFIE LD. Laftmore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Jyly5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	\mathbb{R}	mat
No.		E
103	m.	1
>	Z	(

1. PLACE OF DEATH	82-6
	Registration Dist. No. 6
Village or City 24 Groled	No
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos
(1) 1 8 -01 0	0.
2. FULL NAME JOHN Julter St	engles S. Veteran specify WAR.
(a) Residence: No. / S / MA (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWE	
OR DIYORCED Caurite the wor	, 193
5a. If married, widowed, or divorced	(Month)/ (Day) (Year
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
The specinger	, 19 to , 19 t
6. DATE OF BIRTH (month, day, and year) (alfa / 6 / 8)	16 I last saw h alive of bout fully 22, 19,25; death is
7. AGE Years Months Days If LESS th	has been dead of the second of
391 (/) / ormin	
8. Trade, profession, or particular kind of work done, as SPINNER,	Convai Action magic fight
SAWYER, BOOKKEEPER, etc.	and numerous entral
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et. 11. Total time (years)	englace of the thet mile
	Bustacle Supply 1985+
this occupation (month en 1-1-3) spant in this occupation.	<u>S</u>
TO PURTUPLACE (STORAGE STORAGE	Other Contributory Causes of Importance:
(State or country)	
13. NAME Mileal Skingler	
H IA PIPTING ACC (site or Acces) Mit Man Access	Name of operation Date of Date of
4 14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Zesul Was there an autopsyl
15. MAIDEN NAME (S) as death Hall	23. If death was due to external causes (VIOLENCE) fill in also the following:
I STATE OF THE STA	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
and real Strates	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 21. C.	open, where injury security in most, it in results in the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Brannon Cemelogie aug 13, 19.	~ 1
Hear Heyser, Wya Jo	24. Was disease or injury in any way related to occupation of deceased? Wo
19. UNDERTAKER (Address)	If so, specify
- Managara D	(Signed) Ill The Maywell [1]
20. FILED Lease 17, 1931 Programmer Registra	
	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example EIVE		Example II	
The principal cause of death and related causes of importance were as follows: SEP 4 1935 Arteriosclerosis	Data of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis BUDEAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	J.11,5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

7

1. PLACE OF DEATH

FOR	
RESERVED	
MARGIN	

V. S. No. 1

	2. FULL NAME Mrs. Nannie Sibole (a) Residence: No. Paw Paw, W. Va.	St.,Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH Aug 3th.1935
_	Female White widowed If married, widowed, or divorcad HUSBAND of (or) WIFE of John H. Sibole (Deceased) DATE OF BIRTH (month, day, and year) Aug 30, 1823	(Month) (Day) 22. I HEREBY CERTIFY. That I attended deco
	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 3.30 mPm The RINCIPAL CAUSE OF DEATH and related causes of phortance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	Suppurate Sulon
12.	BIRTHPLACE (city or town) West Virginia (Stata or country)	Other Contributory Causes of importance:
ER	13. NAME Asa Lewis	To villa
FATHER	14. BIRTHPLACE (city or town) WEst Vieginia (State or country)	Name of operation. Date of S
IER	15. MAIDEN NAME Elizabeth	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (city or town) West Virginia (Stata or country)	Accident, suicida, or homicide? Date of Injury Where did Injury occur?
17.	INFORMANT Memorial Hospital (Address) Cumberland, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Paw. Paw. Wva Data Aug. 6.1935	Manner of Injury
	INDEPTAGE W.D.Parks	24. Was diseasa or injury in any way related to occupation of daceasad?

STATE OF MARYLAND—CERTIFICATE OF DEATH

EATH

Dr. Hawkins

08460

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 361 0 1933	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER STATEMENTS BY PHYSICIAN
	··

V. S. No. 1

	9		
for	tat	PA	
f in	d s	CU	
o u	onl	00	1
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
ery	NS	int	1
Eve	SIA	eme	1
-0	SIC	tat	
	HY	+	
园	4	Xac	
T	Ľ,	P	
EN	TL	ed.	
AN	C	Siff	
RM	XA	clas	
PE	团	ly	ate.
A	ted	per	ifici
SI	sta	pro	ert
IIS	pe	pe	jo
T.	PI	ay	ck
X	hou	m 1	ba
K	E S	it ii	00
NG	AG	th	ons
DI		So	ucti
FA	lied	ms,	Str
Z	ddr	ter	in a
H	S	ain	Se
VIT	Enl	ld 1	1:
	are	I ir	rtar
Ģ	e c	ATI	1001
AT	q p	DE.	ni /
PL	lno	F.	ery
E	sh	B 0	is
RIT	ion	OS	Z
M	mat	CA	TIC
B.	/	7	TION is very important. See instructions on back of certificate.
ż	(1	1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(La) (Q401
3	County allegany SIMIT SIVE	Registration Dist. No.
	Village or City Cushles Jand	No. allegang to spital St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		LO ds How long in U.S. if of foralgn birth?yrsmosds.
1	2. FULL NAME Sadie May In	yder O
	(a) Residence: No. (Usual place of abode)	St., Ward. Jorkwood Sa.V. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Temple 31 Lite 2000	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of	V V
	(or) WIFE of Arthur S. Snigder	22. I HEREBY CERTIFY. That I attended decaasad from 19.55 to Co. 2.19.55
te.	6. DATE OF BIRTH (month, day, and year) Tehnuary 19, 1886	Past saw her alive on August 21, 1935; death is said
certificate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, at
rti	49 6 2 1day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A CO PART OF THE COLD
k of	51	Medical of religions
back	work was dona, as SILK MILL, SAW MILL, BANK, etc.	(00) 100 May 1 / 100 May
on	10. Date deceased last worked at	Ser Collect Cognitive
	this occupation (month and year) spent in this occupation / Saylow	
instructions	12. BIRTHPLACE (city or town) Black Downship	Other Contributory Causes of importance:
, T	(State or country) Senna.	
ii	13. NAME Samuel Enos	
See	14. BIRTHPLACE (city or town) Black Journal Ja	Name of operation
	(State of Country) Sennay	What test confirmed diagnosis! Ves there an eutopsy?
important.	15. MAIOEN NAME Ida Sthoads	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ort	16. BIRTHPLACE (city or town) Black Township	Accidant, suicide, or homicide?, 19, 19, 19
m	(State or country) Pennsylvania	Whare did injury occur?(Specify city or town, county and State)
very i	17. INFORMANT And Domestin Grand Gar.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place / OCKNOUA a Dete My 20, 1930	Natura of injury
TION	19. UNDERTAKER MULLY & MIJOREY (Addrass) Proposition of the Control of the Contro	24. Was disease or injury in any way ralated to occupation of deceased?
7	8.2.2.2.5 On 1 OF 11 4.8	If so, specify (Signad) DELOSON M.D.
ノ	20. FILED AN 8 919 Porgh 1 to authin Wish As	(Address) Challe (ace)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 SET 6 1334				
Other contributory causes of importance:	The state of the s	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IA	I
---	----	---

S. No. 1	
N.	

STATE OF 1. PLACE OF DEATH	WITHIN CORPORA	CERTIFICATE OF DEATH	(\$462)
Village or City Comm	Airland (11	No. 427 9 Alexander St., death occurred in a horpital or institution, give its NAME instead of street a	and number)
2. FULL NAME (a) Residence: No. 427	D. Sovers (Usual place of abode)	ds. How long in U.S. If of foreign birth? yrs. If U.S. Veteran specify WAR. A St., Ward. If nonresident give city or town	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATI	Н
	SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200 (Mond) (Dey)	193_5 - (Year)
5a. If married, widowed of divorced HUSBAND of (or) WIFE of	Honsel.	22. I HEREBY CERTIFY, That I attended to the state of the	20 19 35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 3	Days If LESS than I day,hrs.	to have occurred on the date stated above, et	Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	wimaker!	Myocardili Chr	193
O Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town)	often Co and	Other Contributory Causes of Importance: William Scheme	193
13. NAME Soar So	Ord.	Name of operation Date Whet test confirmed diagnosis? Was there	
15. MAIDEN NAME Parey 9. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT PARABLEL Sp.	and yero	23. It death was due to external causes (VIOLENCE) fill in also the folice Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	owing: , 19
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place	Date Aug 23, 1935	Manner of injury	
19. UNDERTAKER Komis Sturio (Address) Immedia	Inc.	24. Was diseese or injury in any way related to occupation of deceased It so, specity	100
20. FILED 5-3. 2. 3.5.19	Registrar.	(Signed) (Address)	7 m. 0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

R BINI	
FOR	
RESERVED	
MARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. should County Registration Dist. No. item Village or City Ward Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement ġ. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT EXACTL (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) properly to have occurred on the date stated above, at _________ 7. AGE Years Months Days If LESS than stated I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance WITH UNFADING INK-THIS IS or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ pe Jo Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... plnous back it may Date deceased last worked at on 11. Total time (years) spent in this this occupation (month and that occupation ___ See instructions SO 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) should be carefully Whet test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Dete of injury_____ OF DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury -WRITE S CAUSE mation Nature of injury. LION 24. Was disease or injury In any way related to occupation of 19. UNDERTAKER (Address) If so, specify m (Signed) 20. FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	40.131
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEF 5 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARY	LAND-CERTIFICATE	OF DEATH	08464
---------------	------------------	----------	-------

1. PLACE OF DEATH	<u> </u>
County Cullegacy	Registration Dist. No. 12
***	NDSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stillown Spiker	Ivin #1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw in the date stated above, at 5 00 4,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Diher Contributory Courses of Importance:
13. NAME) Farry Spiker 14. BIRTHPLACE (city or town) Frostburg - mel (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CANUS Fazeubaker 16. BIRTHPLACE (city or town) Silmon - Ind. (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT M. Havy Shiper (Address) London, M. Havy Shiper 137 18. BURIAL, CREMATION, OR REMOVAL Place Date , 19	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER (Address) 20. FILED any State Registrar.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II	_15 R
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis SEP 4 183	1915	Attack of epilcpsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIREAU V. S.	July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

08465 STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARKIETHE	
1. PLACE OF DEATH	
County allegany	Registration Dist. No. 12
Village or City Solman	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stillborn Spiker	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	22. I HEREBY/CERTIFY, That I attended deceased from 1935, to culf 2 a 1935
S DATE OF BIRTH (month day and year) Quel -20 - 1935	I last saw h sin alive on and 201, 19 35; death is sald
DALE OF BIRTH (month, day, and jear)	to have occurred on the date stated above, at 5:10 % m.
7. AGE Years Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sportanenie about ay 20.35
work was done, as SILK MILL.	I
SAW MILL, BANK, etc	
this occupation (month and spant In this occupation	
Miland - md	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	6
	<i>i</i> .
14. BIRTHPLACE (city on town) Treething . md	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Spiker Jazenla)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Lamber - his	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT MW. Jarry Staker (Address) Ingelous Till. all she how 137	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place	Nature of Injury
	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER	If so, specify
0 = 000 (4-1)	(Signed) n' MacDurad M. D.
20. FILED aug 21, 19 3.) Registrar.	(Address) Michaud M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related came of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REC.	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage SEF	Vuly 5,1927	Peritonitis	3 days ago
Cerebral hemorrhage SURFAIT V. S	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

RExample I V E D		Example II	zanampies.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DEALLY S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	----------------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Dr. Enfield

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SLP 0 1999	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory forces of investment			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

V. S. No. 1

County	ALLEGANY	WITHIN CORPO	PRATE LIMITS Registration Dist.	17
Village or (city CUMBER		No. MEMORIAL HOSPITAL	St. \ Ward
Length of res	idence in city or town where	death occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead. ds. How long in U.S. if of foreign birth?	ead of street and number)
2. FULL NA	(70101	Y STEVENS		
(a) Resider	nce: No. 73	HENDERSON BLVD.	St., Ward, CITY	
PERCON	IAL AND STATIST	(Usual place of abode)		ity or town and State
3, SEX	4. COLOR OR RACE	ICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF 21. DATE OF DEATH	DEATH
MALE	WHITE	OR DIVORCED (write the word) SINGLE	August 8, 1935	(Day) (Year)
5a. If married, widov HUSBAND of	ved, or divorced			
(or) WIFE of			122. HEREBY CERTIFY.	hat lattended deceased from
6. DATE OF BIRTH	(month, day, and year)	SEPT. 30 /88/	I last saw h. (100) alive on 8-8-	193.5 : death is said
7. AGE Yes		Days If LESS than	to have occurred on the date stated above, at $9:45P$	m.
5	0 10	8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and elated causes of i	mportance 4 Oate of onset
8. Trade, profe	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	PLASTERER	ween songer	e urth
Industry or	business In which		extravalation of	wrine
SAW MII	s done, as SILK MILL, LL, BANK, etc	1	A em	
this occu	ed last worked at pation (month and	II. Total time (years) spent In this occupation		
	TO TUNING CO	YLVANIA	Other Conribatory Causes of importance:	
12. BIRTHPLACE (ci (State or cou	.,		Bronchofe	onia
I3. NAME	THOMAS STEV	ENS		3
13. NAME 14. BIRTHPLACE	(city or town) PEN	NSYLVANIA	Name of operation Cyclosumy	Date of 8-8-35
(State of	country)	DOARDY	What test confirmed diagnosis?	. Was there an autopsy? 10
15. MAIDEN NA			23. If death was due to external causes (VIOLENCE) fill in a	so the following:
O 16. BIRTHPLACE	(city or town)	NSYLVANIA	Accident, suicide, or homicide? Date of	f Injury, 19
	MEMORIAL	HASPTHAT.	Where did injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, In HOME, o	county and State)
17. INFORMANT (Address)	CUMBERLA	ND, MD.	Specify whether injury occurred in Thousant, in Home, o	TIN PUBLIC PLACE.
	ON B REMOVALMETE	y _ Aug. 12. 1935	Manner of injury	
Place: FLQE	CO STATE COS	and sice , 19	Nature of injury	
19. UNDERTÄKER	John . C . W.		24. Was disease or firjury in any way related to occupation	of deceased?
(Address)	-	lumberland. Md	If so, specify (Signed)	Noo
20. HERE	10,1935 AL	Registrar.	(Address) Carry PA	M.D
	If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	W. T. W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MRECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 6 1935	July 5,1927	Peritonitis	3 days ago
4	BUREAU V.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state item of infor-Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Length of residence In city or town where death occurredyrsmosds. How long in U.S. If of foreign birth?yrsmos	HUN CORPORATE LIMITS 157-2	Wa
Length of residence In city or town where death occurredyrsmosds. How long in U.S. If of foreign birth?yrsmos		/ _ /
2. FULL NAME (a) Residence: No. FRIENDSVILLE St., Ward. (Cual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write this word) 14. U.S. Veteran specify WAR. St., Ward. (If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH AUGUST 29, 1935	(II death occurred in a notpital of managem, give he in the man	ead of street and number)
(a) Residence: No. FRIENDSVILLE St., Ward. St., Ward. St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write-thie word) 21. DATE OF DEATH AUGUST 29, 1935	- And	_yrsds.
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write-thie word) 103 103 103 104 105 105 107 108 109 109 109 109 109 109 109	JEAN If U.S. Veteran specify WAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D) VORCED (write the word) AUGUST 29, 1935		city or town and State
OR D) VORCED (write-the word) AUGUST 29, 1935	RTICULARS MEDICAL CERTIFICATE OF	DEATH
	RCED (write the word) AUGUST 29, 1935	, 193 (Day) (Year)
5a. If married, widowed, or divorced		2.4.1.11.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
HUSBAND OF (or) WIFE of 22. I HEREBY CERTIFY, That I ettended deceased f		
MAY ampara and a rock		19 3 3 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 12.3 m. A. I.	TO - 0/	Q A.R.
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of i	mportance
8 Trade profession or particular	ormin. were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as Stick Mill, SAW MILL, BANK, etc. 11. Total time (years) 11. Total time (years) 12. Total time (years) 13. Total time (years)		72
SAW MILL, BANK, etc	Morrole Vneu	will
apolicin cina	spant in this	
12. BIRTHPLACE (city or town) MARYIAND Friends Ville (State or country) Other Replace Decimportance:		lis sure
# 13. NAME THEODORE THOMAS Whythypoidism:	When the woodings of	twite
	Thomas and	
4 14. BIKTHPLACE (city or town)		
CRACE OFFICE		
M RYLAND		
O 16. BIRTHPLACE (city or town) Accident, suicide, or nomicide? Date of injury		or mjury, 19
(Specify city or town, county and State) 17. INFORMANT L. F. ORT - I SPITE I SPECIFY whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address)	(Specify city or town,	, county and State) or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Manner of injury	Manner of injury	
Plece Jeelle Flade Date 8 30 -, 1935 Nature of Injury	Nature of Injury	
19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased? If so, specify		of deceased?
20. FILEDell 29, 1835 Jan Mrankeling M. (Signed) On the Owner	antiland leve	M.D.
Registrar. (Address)	40/00	many Liver

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1985			
Other contributory causes of importance: V S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IIDDIIIOIIII I	or more i on	1 CICITIE	BIHLEMENTE	DY YILL	DICIAIN	

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

be carefully supplied.

B.—WRITE PLA

CAUSE OF DEATH in plain terms,

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Clesar	WITHIN CORP	Registration Dist. No.	4
Village or City Culmy	Leland	No. allegany Hospitalst.	Ward
Length of residence in city or town where o		f death occurred in a hospital or institution, give its NAME instead of street and included the street	
2. FULL NAME John.	Henry Tho	mpson	
(a) Residence No 1447	1. Center	St., 2 Ward. If nonresident give city or town and	· · · · ·
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	Mate
Male White	5. SINGLE, MARRIED, WIDOWED, OR DYORCED (write the word)	21. DATE OF DEATH and 7-7 (Monthly (Day)	, 193 5 (Year)
a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
. DATE OF BIRTH (month, day, and year)	uly 14-1911	t last saw h silve on 19	, 19 _; death is sal
. AGE Years Months	Days If LESS than I day,	to heve occurred on the date stated above, at	
24 1	0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	hemist	Suffor alisis + 19 mm	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	ek mill	Fine in hours - he was	ango
10. Date deceased last worked at this occupation (month and 8/26)	11. Total time (years) spant in this occupation 6 4/14	Aufford in man	19/31
2. BtRTHPLACE (city or town) Cum	berland	Other Contributory Causes of importance:	
(State or country)	ma	Bonn	
13. NAME MM C. In	mpson		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	rougahela	Name of operation Date of Whet test confirmed diagnosis? Was there an a	יבול
15. MAIDEN NAME BUSSIS	Hodel		
15. MAIOEN NAME TSUSSIL 16. BIRTHPLACE (city or town). TSUS	okelin	23. If death was due to externat causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? County Date of Injury	
(State or country)	ny	Tribere did injuly occurrence and an annual an annual and an annual an annual and an annual an	house
7. INFORMANT AND TELESTRATE (Address) / 44. n Centre	Thompson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
8. BURIAL, CREMATION, OR REMOVAL Place Pere Hill Cless	Date aug 29, 19.35	Menner of Injury Bersel)
9. UNDERTAKER G. S. BA	itles	Nature of injury 1. 24. Was disease or injury to any wey releted to occupation of deceased?	ns
(Address) Cumbella	and mid	If so, specify	
10. FILED LING 28, 1935 N/	Registrar.	(Signed) (Address) Cure Land Just	М. Г

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis R E C E V E D	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I HARLY HELD

1. PLACE OF DEATH	CERTIFICATE OF DEATH U8471
County Allesan WITHIN CORPC	RATE LIMITE Registration Dist. No.
Village or City Immterland.	No. memoral Antita, 6-/Ward
Langth of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John / homas (M	reshire o 1. Com
(a) Residence No. (Usual place of abode)	St., Ward. And State States of State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE MARRIED, WIDOWED, OR DIFORCED (wrighte word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Sept 9 1890	t last saw harmative on 7-3/-, 19-5; death is said
7. AGE Yaars Months Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
44 7 7 or min.	were as follows: Oate of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	lation and
9. Industry or business in which	When all more
work was dona, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	£.
10. Oate dacaasad last workad at this occupation (month and year)	, where
Randi	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
	Ongrene of the
14. BIRTHPLACE (city or town)	Name of operation. A a ree Date of
(State or country)	What test confirmed diagnosis? Effect. Was there an autopsy? Dol.
15. MAIDEN NAME Chia Bailey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT James. Ifrasher.	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Production of the Control	
18. BURIAL, CREMATION, OB REMOVAL Place Market Comp. Oat Comp. 3 1935	Manner of injury
· H. 60	Nature of injury
19. UNOERTAKER (Address)	24. Was disease or Injury in any way related to occupation of dacaased? It is a consist.
1 2 2=011/10 :00	If so, specify (Signad) (Signad) (Signad)
20. Cueros 1939 Marie Registrar.	(Address) (Address) Day
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SET 0 1905	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N

	County Mesanny . WI	HIN CORP	Registration Dist. No.	
	Village or City Ismobuland	(1)	No. Ayland Ruturk St., 4 death occurred in a hospital or institution, give its NAME instead of street and nu	mbar)
	Length of residence In city or town where death occurred			
1	2. FULL NAME Assimonda	Treit	If U.S. Veteran apecify WAR.	
	(a) Residence: No. (Usual place of	abode)	St., Ward. Ballanne What A7	late
	PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
1	SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH (Month) (Day)	193 - (Ye
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22.8 - HEREBY CERTIFY That I attended de	cease
	DATE OF BIRTH (month, day, and year) AGE Years Months Days 6	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	death
UPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		arterio sclerosis	Li
	10. Date deceased last worked at this occupation (month and year)	e (years) in this ation	Other Contributory Causes of importance:	Pu
-	(State or country)			
FATHER	14. BIRTHPLACE (city or town)————————————————————————————————————		Name of operation	Name .
8			What test confirmed diagnosis?	topsy
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
	INFORMANT & B Kelchner (Address) Bafting Pike	1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18	BURIAL, CREMATION, OB REMOVAL Place Property Company Control of the Control of th	27,1930	Manner of Injury	
19	UNDERTAKER Amo Stim gra (Address) Immeria		24. Was disease or injury In any way related to occupation of deceased?	20

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

M) C) R	AD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-	
IARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	PION is very important. See instructions on back of certificate.
	-WR]	natio	CAU	TION

1. PLACE OF DEATH	(34)
County allegany WITHIN CORPC	PRATE LIMITE Registration Dist. No.
Village or City Carmbustand	No. Cally Assay Halfat St., Ward death occurred in a hospital or institution, two its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	m. // . //
2. FULL NAME Gorfand Halher	/
(a) Residence: No. 109 Race	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
Hemale White OR DINORCED (with the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	ang 23, 1935, to lug 25, 1935
6. DATE OF BIRTH (month, day, and year) Ang 23 35	I last saw her alive on Jung 44 , 1935; deeth is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
0 0 7 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	In philitic my ocar ditis
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	71 1
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Haller Holker.	
13. NAME Flatter Halker. 14. BIRTHPLACE (city or town)	Neme of operation Nove Dete of What test confirmed diagnosis? Clinical + Gab. Was there an europsy? May
15. MAIDEN NAME Grane Grue.	23. If death was due to external causes (VIDL ENCE) fill In elso the following:
15. MAIDEN NAME STATE ONE. 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Jao W. Irrie (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stilleses Un Date My 76, 19 5.	Nature of injury
19, UNDERTAKER Anno Stein Bre	24. Was disease or injury in any way related to occupation of deceased? Zuo.
(Address) Comberfand	If so, specify
20 FIRECUL 2 6 19.35 Or be Blanke	(Signed) Without formers M. I
Registrar.	(Address) 40 h. Hilferty at.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 ä ż TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH U84/4
1. PLACE OF DEATH	POPATE LUMITE (46-B)
County allegand within con	Registration Dist. No.
Village or City Lemelar and (If	No
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. of foreign birth?yrsmosds.
2. FULL NAME Frank! Halker	/ If U.S. Veteran specify WAR
(a) Residence: No. 3/2 No. Mochanie	/ St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Teal)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1883	I last saw h Mart alive on Oug 31 , 1931; death is seid
7. AGE Years Months Days I1 LESS than	to heve occurred of the date stated above, at 11:30 m.
52 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security is security in this security in this security in this security is security in this security is security in this security is security in this security in this security is security in the security in this security is security in the security in the security in the security is security in the security is security.	Malignancy of stomach?
Industry or business in which	Standation
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation	
C. brown	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Leonar W. Walker	
13. NAME Longs W. Walker 14. BIRTHPLACE (city or town) Cerebral Sulaul	Name of operation Date of
(State or country)	Whet test confirmed diagnosis?
I 15. MAIDEN NAME Quelescour	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury 'occur?
17. INFORMANT Edward Walker (Address) Lundriland Mid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place fellerest quetery Date Sept 1, 1935	Nature of Injury
19. UNDERTAKER Louis Alleero due	24. Was disease or injury In any way related to occupation of deceased?
(Address) Carland March	II so, specify
20. FILEDLY 3/ 19: as Strackly mil	(Signed) hysle Ko Cyennay, M.D.
Registrar.	(Address) Mushama VVIa:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis = 6 1935	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

S. No. 1 I. B.—WRITE PLAIMLY, WITH	-	_
No. 1 L—WRITE P		WITH
No. 1 L—WRITE P	1	Y.
No. 1		PLAIM
	No. 1	B.—WRITE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08475
1. PLACE OF DEATH	CORPORATE LIMITE Registration Dist No.
County Allegan	noglody distribution
Village or City Confeelback	ND. St., Ward If death occurred in a noepital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME melvin S. Was	Life S. Veteran specify WAR.
(a) Residence: No. 11 So Ree St	\$t., / / Ward.
(Usualplace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the world)	Cluster 16 193 31
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of (or) WHEF of	122 HEREBY CERTIFY, That I attended deceased from
The state of the s	1951, to Clay 1951
6. DATE OH BIRTH (month, day, and lear) Lec 2 2, // 3 7. AGE Years Months Days If LESS than	I last saw h. Line alive on Che Jun 1934; death is sell to have occurred on the date stated above, et 3 Am.
1 day,hrs	
ormin.	were as follows:
Ried of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chronico Cendo Partiol:
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month end spant in this occupation occupation occupation occupation this occupation occupatio	
(Jean)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Chy Hebbaili
	Name of operation
[4] I4. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diegnosis? Was there en autopsy? Was there en autopsy?
15. MAIDEN NAME Have Bramery	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jary Jamany	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANTERS Generalist Washington	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Eunles land my	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Gleaner Eucling and July 2.)., 193.	Nature of Injury.
19. UNDERTAKER Cours Aslejde Tree	24. Was disease or injury in eny way related to occupation of deceased?
(Address melerland, ma.	If so, specify
26-160cg 26, 1035 Nr Col Strant	(Signed) M. (Address) 22 C C C C C C C C C C C C C C C C C C
Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	#MILLION
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

BINDING

FOR

ARGIN RESERVED

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I			Example II	Danipies.
The principal cause o of importance were as	f death and related causes follows:	Date	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP B 1935	1	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	· July	5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:			Other contributory causes of importance:	
Gallstones		May	1,1923	Gastroenteritis	1 year

V. S. No. 1

				_
)	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	KD. Every it	YSICIANS	statement o	
	T RECO.	Y. PH	Exact	
	RMANEN	XACTL	classified.	
	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
	-THIS	ald be	lay be	ack of
	INK	E shor	at it m	s on b
	NDING	d. AG	, so th	uctions
	UNFA	supplie	terms	e instr
	WITH	efully s	in plair	int. Se
	MINLY,	l be car	EATH	imports
Ty Topic	E PL	should	E OF D	is very
	-WRIT	mation	CAUSI	TION
	B			
	Z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08477
County Village or City Tube Use It	Registration Dist. No. No. Winus Arspital St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blith?yrs,mosds. Winters
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruggite the word)	21. DATE OF DEATH Aug 10 193 (Months) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year)	22. I HEREBY CERTIFY. Thet I attended deceased from 2, 1934, to any 10, 1954 I last saw harmaniwoon and 10, 1957; deeth is seid
7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Prolonged labor
10. Date deceased last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(State or country)	
II 13. NAME Truth	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there en autopsy? \(\hat{\mathcal{D}} \) \(\hat{\mathcal{D}} \)
15. MAIDEN NAME Catherine Evalus 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIece 7 Date	Manner of Injury
19. UNDERTAKER (Address) 20. FILED 19. V A.R. Stalker Registrar.	24. Was disease or injury in any way releted to occupetion of deceased? 90.0. If so, specify (Signed) (Address) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- 1-3
The principal cause of death and related causes of importance were as follows: CELVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrois SEP 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage RESPECTIVE S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE (OF MARYLAND—CERTIFICATE	OF DEATH	08478
DEATH	WITHIN TO BOWN IN THE TOWN	Dr.	A 2000

1. PLACE OF DEATH County Allegany	HIN CORROTAT	ELIMITS (34) Dr. Registration Dist. No.			
Coonty	Md	No. Allegany Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurre	edyrs,mos	s ds. How long in U.S. if of foreign birth?			
2. FULL NAME Geo Wise		If U.S. Veteran specify WAR			
(a) Residence: No. 121.Alleg	any St	St. Ward.			
	l place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH			
Mole White OR DIN	MARRIED, WIDOWED, ORCED (write the word) WIQOW	21. DATE OF DEATH Aug. 2.1935 (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of Laura. Shroyock (or) WIFE of	in v	22. HEREBY CERTIFY. That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) July 7	.1881	I last saw h 1 10.7 alive on Jung , 1 1935 ; death is said			
7. AGE Years Months Day 54.	s If LESS than	to have occurred on the date stated above, ap. 2. Pmm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
this occupation (month and year)	Total time (years) spant in this occupation	Cardiac Dicous servation apr 19 Chronica Impocardins Other Contributor Cards of importance:			
12. BIRTHPLACE (city or town)(State or country)	NIQ	- Offmus			
13. NAME Petter. Wise					
14. BIRTHPLACE (city or town)	rmany	Name of operation Date of What test confirmed diagnosis? Change of Was there an autopsy? No			
置 15. MAIDEN NAME Anna. Weigand		23. If death was due to external causes (VIOL ENCE) fill in also the following:			
(State or country)	Germany	Accident, sulcide, or homicide? Date of injury, 19			
John . Wise 17. INFORMANT Cumberland .	Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Date A	ug.5.1935	Manner of injury			
19. UNDERTAKER John.C.Wolfor (Address) Cumberland.		24. Was disease or injury in any way related to occupation of deceased?			
20. Foreburg 5 , 1935 Ar 16	Anackla Registrar.	(Signed) framul 7 g out 3 m. D. (Address) 40 h. Librry 31.			

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

STATE OF MARYI AND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH pluods Registration Dist. No. item Village or City Ward Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? PHYSICIANS Length of residence In city or town where death occurred statement (a) Residence: No. 5 If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVERCED (waite the word) CIL (Month) (Day) (Year) classified. 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY. That I attended deceased from × (certificate. 6. DATE OF BIRTH (month, dev. end yeer) properly If LESS than Days to have occurred on the date stated above, at ... 7. AGE Months 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc pluods may back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 11. Total time (yeers) 10. Date deceased last worked at on this occupation (month and spent in this that occupation _____ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. terms, HER 13. NAME See FAT 14. BIRTHPLACE (city or town)_ plain (State or country) carefully What test confirmed diagnosis? HER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: in MOT Accident, suicide, or homicide?______ Date of injury______ 19_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?_____ pe (Specify city or town, county and State) WRITE PLAIN Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury S CAUSE Date are 9/7 , 19 35 mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of dof importance were as for	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	GECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephriti		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 8 1935	July 5,1927	Peritonitis	3 days ago	
	BURGALL V. S				
Other contributory cause	s of importance:		Other contributory causes of importance:	Pic.s.	
Gallstones		May 1,1923	Gastroenteritis	1 year	
-					

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	----------------	-------------------	----	-----------